



# **2025 Dental Medicare Advantage**

## Quick reference guide





# Dental Medicare Advantage

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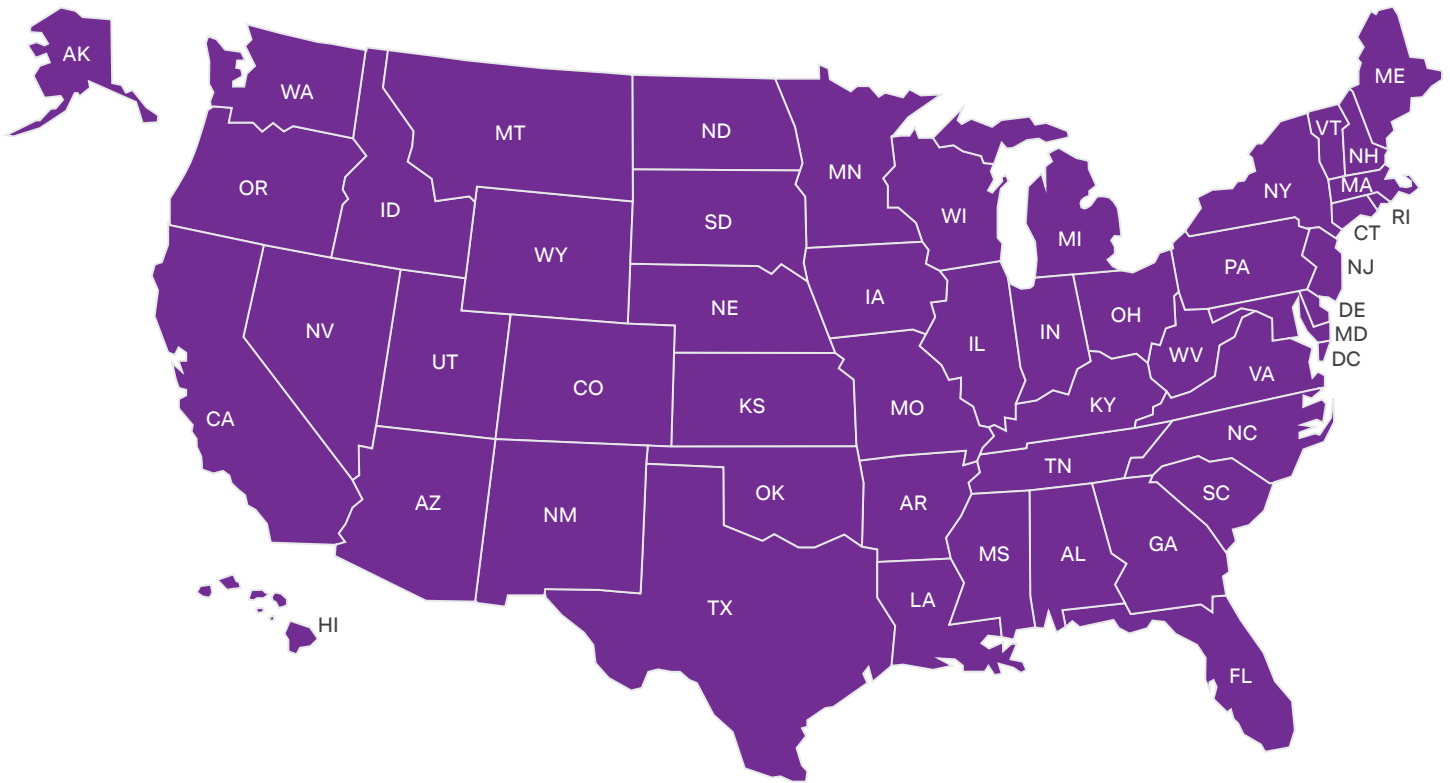
# Quick reference guide

## Table of contents:

Interactive map	iv
Contact and Claim information	1
Liberty and Dentaquest Partnership	2
ID card examples	3

## Plan name links

Broad Coverage EPO Mandatory	30
Choice EPO POS 100/100, Choice PPO 100/100	44
Choice EPO POS 100/80, Choice PPO 100/80	59
Choice EPO POS 100/50, Choice PPO 100/50, Choice RPPO 100/50	74
Deluxe EPO Combo, Deluxe EPO Mandatory	89
Deluxe PPO Mandatory, Deluxe EPO/POS Mandatory, Deluxe PPO Combo, Deluxe RPPO Combo	95
\$0 INN Deluxe EPO Mandatory	101
Enhanced SNP EPO Mandatory	107
Enhanced SNP EPO POS 100/100 Mandatory	122
Essential INN Only EPO	138
Essential EPO POS 100/80, Essential PPO 100/80	152
Essential EPO POS 100/50, Essential PPO 100/50	167
Preventive Only EPO Mandatory	182
Preventive Only PPO Mandatory	184
Preventive Only 0% OON EPO POS Mandatory	186



Alabama	4	Indiana	11	Nebraska	18	South Carolina	24
Alaska	4	Iowa	12	Nevada	18	South Dakota	24
Arizona	4	Kansas	12	New Hampshire	18	Tennessee	25
Arkansas	5	Kentucky	13	New Jersey	19	Texas	25
California	5	Louisiana	14	New Mexico	19	Utah	26
Colorado	7	Maine	14	New York	19	Vermont	26
Connecticut	7	Maryland	15	North Carolina	20	Virginia	27
Delaware	7	Massachusetts	15	North Dakota	21	Washington	27
Florida	7	Michigan	15	Ohio	21	Washington DC	27
Georgia	9	Minnesota	16	Oklahoma	22	West Virginia	27
Hawaii	10	Mississippi	16	Oregon	22	Wisconsin	28
Idaho	10	Missouri	17	Pennsylvania	22	Wyoming	28
Illinois	11	Montana	17	Rhode Island	24		

## Important contact information

### [www.AetnaDental.com](http://www.AetnaDental.com)

#### **Medicare Provider Services 1-800-624-0756 (TTY: 711)**

We're here for you. You can call to confirm member eligibility and benefits, check claims status and more.

### Fax Backs

You can now save time by skipping the phone line and instead receive a fax back with member eligibility. Call and select Coverage and Benefits and follow the prompts. You will receive the member's plan eligibility status, and remaining annual maximum balance of their allowance. Additionally, you will have the opportunity to enter any ADA procedure codes and receive benefit information specific to the members plan, including the INN & OON coverage.

### Send claims to:

Aetna Medicare

PO Box 981106

El Paso, TX 79998-1106

**EDI Payer ID#60054**

## Important plan information

### Changes for 2025

Plans have been updated to include clinical claim review to align with our Claim Documentation Guidelines found on [Aetnadental.com](http://Aetnadental.com).

For certain services, you will be required to submit documentation such as x-rays, periodontal charting, etc. Plans may also have frequency limitations or alternate benefits applied to select services.

### New Plans for 2025

Essential Plan: Coverage is similar to the Choice plan but requires additional documentation to be submitted for clinical claim review per the guidelines mentioned above.

Enhanced Plan: Only offered on Special Need Plan (SNP) packages. Coverage, documentation requirements, and limitations are the same as the Essential Plan, but also includes frequency limitations on select services.

### Changes to Existing Plans for 2025

Deluxe Plan: Full-mouth and periapical x-rays have been reclassified as preventive services and do not count toward the annual maximum. The frequency for fillings have increased from one per tooth, per calendar year to two per tooth, per calendar year.

Broad Plan: Implants, implant-related services, and orthodontics are no longer covered.

Choice Plan: Formally known as Total Choice, no longer cover implants, implant-related services, and orthodontics.

## Changes to Existing Plans for 2025 (continued)

Existing Members may be in the same plan as 2024, but their benefits may have changed. Some of the changes include the following:

- Implants and related services are excluded from coverage on all plans. These services completed in 2025 will not be covered, even if started in 2024.
- Orthodontia is excluded on all plans.
- Direct Member Reimbursement (or allowance) plans are no longer offered in 2025.

## Liberty Dental partnership

Liberty Dental Plan will continue to service certain plans in CA, FL and NV in 2025. Services are expanding to certain plans in OK and NY.

Please visit [Liberty Dental](#) for more information.

### Liberty Provider Service:

CA Providers: 1-800-268-9012

FL/NY/OK Providers: 1-833-276-0851

NV Providers: 1-888-700-0634

### CA Claims address

LIBERTY Dental Plan

Attn: Claims Department

PO Box 26110

Santa Ana, CA 92799-6110

**CA Payor ID:** CX083

### NV Claims address

LIBERTY Dental Plan

Attn: Claims Department

PO Box 401086

Las Vegas, NV 89140

**NV Payor ID:** CX083

### FL/OK/NY Claims address

LIBERTY Dental Plan

Attn: Claims Department

PO Box 15149

Tampa, FL 33684-5149

**FL, NY, OK Payor ID:** CX063

## DentaQuest partnership

DentaQuest will continue to service certain plans in VA in 2025.

Please visit [DentaQuest.com](#) for more information.

### DentaQuest Provider Service:

VA Providers: 1-844-822-8109

### VA Claims Address

DentaQuest - Claims

P.O. Box 2906

Milwaukee, WI 53201-2906

**VA Payor ID:** CX014

## 2025 Member ID Card Samples

Refer to the contract number and PBP to review the Member plan details



- If you are directly contracted with Aetna, you'll be able to see all Aetna Dental Medicare Advantage Members.
- Don't panic if a member references having an HMO, DSNP, HMO-POS plan, this refers to their Medical plan.
- You'll be reimbursed according to the PPO fee schedule you have with us.

Plan features and availability may vary by service area. Aetna is the brand name used for products and services provided by one or more of the Aetna group of subsidiary companies, including Aetna Life Insurance Company and its affiliates (Aetna). Prior to engaging in the sale of Aetna Medicare products, producers must be ready to sell, which means certified, contracted, licensed in the applicable states, and appointed by Aetna in accordance with state law. As permitted in certain states, Aetna will order appointments after the first sale. This communication is intended for use by brokers only and is not intended for distribution to Medicare beneficiaries. Any publication or distribution of this communication to unauthorized recipients without Aetna's approval is prohibited.

## Aetna Medicare Advantage package names by state

### Alabama

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
AL	H3239	002	Enhanced SNP EPO Mandatory	\$2,500	No
AL	H3239	003	Enhanced SNP EPO Mandatory	\$3,000	No
AL	H3239	010	Enhanced SNP EPO Mandatory	\$2,200	No
AL	H3239	018	Enhanced SNP EPO Mandatory	\$3,000	No
AL	H3239	019	Enhanced SNP EPO Mandatory	\$2,500	No
AL	H3239	020	Essential INN Only EPO	\$2,250	No
AL	H5521	091	Essential PPO 100/80	\$1,200	Yes
AL	H5521	116	Essential PPO 100/80	\$1,200	Yes
AL	H5521	171	Essential PPO 100/80	\$2,000	Yes
AL	H5521	216	Essential PPO 100/80	\$3,000	Yes
AL	H5521	222	Essential PPO 100/80	\$2,700	Yes
AL	H5521	224	Essential PPO 100/80	\$2,700	Yes
AL	H5521	227	Essential PPO 100/80	\$2,000	Yes
AL	H5521	229	Essential PPO 100/80	\$3,500	Yes
AL	H5521	462	Choice PPO 100/100	\$2,500	Yes
AL	H5521	463	Choice PPO 100/80	\$2,000	Yes
AL	H5521	467	Essential PPO 100/80	\$2,500	Yes
AL	H5521	475	Essential PPO 100/80	\$1,150	Yes
AL	H5521	644	Essential PPO 100/80	\$1,000	Yes

### Alaska

No Aetna Medicare Advantage dental plans are offered in Alaska

### Arizona

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
AZ	H3931	092	Essential EPO POS 100/50	\$1,500	Yes
AZ	H3931	129	Essential EPO POS 100/50	\$2,500	Yes
AZ	H3931	146	Essential EPO POS 100/50	\$2,000	Yes
AZ	H3931	147	Essential EPO POS 100/50	\$500	Yes
AZ	H3931	148	Essential EPO POS 100/50	\$1,000	Yes
AZ	H3931	166	Essential EPO POS 100/50	\$2,000	Yes
AZ	H3931	169	Essential EPO POS 100/50	\$2,500	Yes
AZ	H3931	176	Essential EPO POS 100/50	\$2,000	Yes
AZ	H3931	177	Essential EPO POS 100/50	\$2,500	Yes
AZ	H3931	178	Essential EPO POS 100/50	\$2,000	Yes
AZ	H3931	179	Enhanced SNP EPO Mandatory	\$3,500	No
AZ	H4835	001	Essential EPO POS 100/50	\$1,000	Yes





## Aetna Medicare Advantage package names by state

### Arizona (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
AZ	H4835	002	Essential EPO POS 100/50	\$1,000	Yes
AZ	H4835	004	Essential EPO POS 100/50	\$1,000	Yes
AZ	H4835	005	Essential EPO POS 100/50	\$1,000	Yes
AZ	H5521	290	Essential PPO 100/50	\$2,000	Yes
AZ	H5521	329	Essential PPO 100/50	\$3,000	Yes
AZ	H5521	331	Essential PPO 100/50	\$1,000	Yes
AZ	H5521	363	Essential PPO 100/50	\$1,000	Yes
AZ	H5521	424	Essential PPO 100/50	\$2,500	Yes
AZ	H5521	554	Essential PPO 100/50	\$1,000	Yes

### Arkansas

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
AR	H1608	021	Essential PPO 100/80	\$2,500	Yes
AR	H1608	054	Essential PPO 100/80	\$2,800	Yes
AR	H1608	073	Essential PPO 100/80	\$2,000	Yes
AR	H1608	074	Essential PPO 100/80	\$2,500	Yes
AR	H1608	075	Essential PPO 100/80	\$3,000	Yes
AR	H1608	076	Choice PPO 100/100	\$2,750	Yes
AR	H1608	077	Choice PPO 100/80	\$2,000	Yes
AR	H1608	078	Essential PPO 100/80	\$2,500	Yes
AR	H1608	079	Essential PPO 100/80	\$1,000	Yes
AR	H1608	105	Essential PPO 100/80	\$1,000	Yes
AR	H2663	029	Essential EPO POS 100/80	\$2,700	Yes
AR	H2663	039	Essential INN Only EPO	\$2,350	No
AR	H2663	067	Essential INN Only EPO	\$2,200	No
AR	H5325	007	Enhanced SNP EPO Mandatory	\$3,500	No
AR	H5325	010	Enhanced SNP EPO Mandatory	\$3,500	No
AR	H5325	011	Enhanced SNP EPO Mandatory	\$2,500	No

### California

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
CA	H0523	022	Choice EPO POS 100/80	\$500	Yes
CA	H0523	065	Choice EPO POS 100/80	\$750	Yes
CA	H0523	070	Choice EPO POS 100/80	\$1,000	Yes
CA	H0523	072	Choice EPO POS 100/80	\$1,000	Yes
CA	H0523	073	Choice EPO POS 100/80	\$1,000	Yes



## Aetna Medicare Advantage package names by state

### California (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
CA	H0523	074	Choice EPO POS 100/80	\$1,500	Yes
CA	H0523	075	Choice EPO POS 100/80	\$1,500	Yes
CA	H0523	076	Choice EPO POS 100/80	\$2,000	Yes
CA	H0523	078	Choice EPO POS 100/80	\$2,000	Yes
CA	H0523	080	Choice EPO POS 100/80	\$2,200	Yes
CA	H4982	001	Choice EPO POS 100/80	\$2,250	Yes
CA	H4982	002	Choice EPO POS 100/80	\$2,750	Yes
CA	H4982	003	Choice EPO POS 100/80	\$1,500	Yes
CA	H4982	004	Choice EPO POS 100/80	\$1,750	Yes
CA	H4982	007	Choice EPO POS 100/80	\$1,100	Yes
CA	H4982	008	Liberty Wrap	N/A	Must use Liberty Dental Network
CA	H4982	009	Liberty Wrap	N/A	Must use Liberty Dental Network
CA	H4982	010	Choice EPO POS 100/80	\$1,300	Yes
CA	H4982	016	Liberty Wrap	N/A	Must use Liberty Dental Network
CA	H4982	017	Choice EPO POS 100/80	\$3,000	Yes
CA	H4982	018	Choice EPO POS 100/80	\$3,000	Yes
CA	H4982	020	Choice EPO POS 100/80	\$1,250	Yes
CA	H4982	021	Choice EPO POS 100/80	\$2,000	Yes
CA	H4982	022	Choice EPO POS 100/80	\$2,000	Yes
CA	H4982	023	Choice EPO POS 100/80	\$1,500	Yes
CA	H4982	024	Choice EPO POS 100/80	\$2,000	Yes
CA	H4982	025	Choice EPO POS 100/80	\$1,500	Yes
CA	H4982	026	Choice EPO POS 100/80	\$1,500	Yes
CA	H4982	027	Choice EPO POS 100/80	\$1,250	Yes
CA	H4982	028	Choice EPO POS 100/80	\$1,000	Yes
CA	H4982	029	Choice EPO POS 100/80	\$1,000	Yes
CA	H4982	030	Choice EPO POS 100/80	\$1,000	Yes
CA	H5309	001	Essential PPO 100/50	\$750	Yes
CA	H5309	002	Essential PPO 100/50	\$750	Yes
CA	H5309	003	Essential PPO 100/50	\$750	Yes
CA	H5309	004	Essential PPO 100/80	\$3,000	Yes
CA	H5521	292	Essential PPO 100/50	\$1,250	Yes
CA	H5521	332	Essential PPO 100/50	\$1,500	Yes
CA	H5521	369	Essential PPO 100/80	\$3,000	Yes
CA	H5521	370	Essential PPO 100/50	\$1,500	Yes
CA	H5521	371	Essential PPO 100/50	\$1,000	Yes
CA	H5521	419	Essential PPO 100/50	\$1,000	Yes
CA	H5521	421	Essential PPO 100/50	\$1,000	Yes
CA	H5521	422	Essential PPO 100/50	\$1,000	Yes
CA	H5521	425	Essential PPO 100/50	\$1,000	Yes



## Aetna Medicare Advantage package names by state

### California (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
CA	H5521	478	Essential PPO 100/50	\$750	Yes
CA	H5521	578	Essential PPO 100/50	\$1,500	Yes
CA	H5521	579	Essential PPO 100/50	\$1,500	Yes
CA	H5521	580	Essential PPO 100/50	\$1,500	Yes
CA	H5521	581	Essential PPO 100/50	\$1,500	Yes

### Colorado

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
CO	H3931	153	Essential EPO POS 100/50	\$1,500	Yes
CO	H3931	154	Essential EPO POS 100/50	\$1,500	Yes
CO	H3931	175	Enhanced SNP EPO Mandatory	\$3,500	No
CO	H3931	185	Essential EPO POS 100/50	\$2,000	Yes
CO	H4711	008	Essential EPO POS 100/50	\$750	Yes
CO	H4711	010	Essential EPO POS 100/50	\$1,500	Yes
CO	H4711	012	Enhanced SNP EPO Mandatory	\$2,500	No
CO	H5521	207	Essential PPO 100/50	\$1,000	Yes
CO	H5521	250	Essential PPO 100/50	\$1,000	Yes
CO	H5521	378	Essential PPO 100/50	\$2,200	Yes
CO	H5521	443	Essential PPO 100/50	\$2,000	Yes
CO	H5521	648	Essential PPO 100/50	\$2,000	Yes

### Connecticut

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
CT	H5521	013	Preventive Only PPO Mandatory	N/A	Yes
CT	H5521	157	Choice PPO 100/80	\$500	Yes
CT	H5521	296	Choice PPO 100/80	\$2,000	Yes
CT	H5521	352	Choice PPO 100/80	\$1,000	Yes
CT	H5521	446	Choice PPO 100/80	\$1,000	Yes
CT	H5521	506	Enhanced SNP PPO Mandatory	\$3,500	Yes
CT	H5793	001	Choice EPO POS 100/80	\$1,500	Yes
CT	H5793	010	Choice EPO POS 100/80	\$1,000	Yes
CT	H5793	017	Choice EPO POS 100/100	\$2,000	Yes
CT	H5793	020	Choice EPO POS 100/100	\$1,500	Yes



## Aetna Medicare Advantage package names by state

### Delaware

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
DE	H3931	102	Essential INN Only EPO	\$1,250	No
DE	H3959	055	Essential INN Only EPO	\$1,500	No
DE	H3959	056	Essential INN Only EPO	\$2,500	No
DE	H3959	063	Enhanced SNP EPO Mandatory	\$2,000	No
DE	H5521	095	Essential PPO 100/50	\$1,750	Yes

### Florida

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
FL	H1609	017	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	018	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	019	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	020	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	021	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	022	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	025	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	026	FL Liberty Den 100 HMO Mandatory	N/A	Must use Liberty Dental Network
FL	H1609	027	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	028	FL Liberty Den 200 HMO POS Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	035	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	038	FL Liberty Den 100 HMO Mandatory	N/A	Must use Liberty Dental Network
FL	H1609	041	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	042	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	043	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	044	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	045	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	046	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	047	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	048	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	049	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	055	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	056	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	059	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	061	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	062	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	063	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	064	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	065	FL Liberty DSNP Den 300 Mandatory	\$3,000	Must use Liberty Dental Network



## Aetna Medicare Advantage package names by state

### Florida (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
FL	H1609	066	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H1609	067	FL Liberty Den 200 HMO Mandatory	\$3,000	Must use Liberty Dental Network
FL	H5521	033	Essential PPO 100/50	\$750	Yes
FL	H5521	269	Essential PPO 100/50	\$2,300	Yes
FL	H5521	270	Essential PPO 100/50	\$2,300	Yes
FL	H5521	271	Essential PPO 100/50	\$2,100	Yes
FL	H5521	272	Essential PPO 100/50	\$2,300	Yes
FL	H5521	273	Essential PPO 100/50	\$1,850	Yes
FL	H5521	305	Essential PPO 100/50	\$2,000	Yes
FL	H5521	306	Essential PPO 100/50	\$1,000	Yes
FL	H5521	308	Essential PPO 100/50	\$1,000	Yes
FL	H5521	347	Essential PPO 100/50	\$1,000	Yes
FL	H5521	377	Essential PPO 100/50	\$1,000	Yes
FL	H5521	432	Essential PPO 100/50	\$2,500	Yes
FL	H5521	433	Essential PPO 100/50	\$2,500	Yes
FL	H5521	434	Essential PPO 100/50	\$2,500	Yes
FL	H5521	435	Essential PPO 100/50	\$2,500	Yes
FL	H5521	437	Essential PPO 100/50	\$2,500	Yes
FL	H5521	438	Essential PPO 100/50	\$2,500	Yes
FL	H5521	439	Essential PPO 100/50	\$2,500	Yes
FL	H5521	440	Essential PPO 100/50	\$1,000	Yes
FL	H5521	569	Essential PPO 100/50	\$1,000	Yes
FL	H5521	574	Essential PPO 100/50	\$1,000	Yes
FL	H5521	586	Essential PPO 100/50	\$2,000	Yes
FL	H5521	592	Essential PPO 100/50	\$2,000	Yes

### Georgia

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
GA	H1109	005	Essential INN Only EPO	\$1,200	No
GA	H1608	028	Essential PPO 100/80	\$1,100	Yes
GA	H1608	109	Essential PPO 100/80	\$1,000	Yes
GA	H2293	001	Essential PPO 100/80	\$2,000	Yes
GA	H2293	002	Choice PPO 100/100	\$2,000	Yes
GA	H2293	003	Choice PPO 100/80	\$1,500	Yes
GA	H2293	004	Choice PPO 100/80	\$1,500	Yes
GA	H2293	005	Choice PPO 100/100	\$2,500	Yes
GA	H2293	009	Essential PPO 100/80	\$2,000	Yes
GA	H2293	010	Essential PPO 100/80	\$1,000	Yes

## Aetna Medicare Advantage package names by state

### Georgia (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
GA	H2293	011	Essential PPO 100/80	\$2,250	Yes
GA	H2293	021	Choice PPO 100/100	\$2,500	Yes
GA	H2293	023	Essential PPO 100/80	\$2,150	Yes
GA	H2293	028	Essential PPO 100/50	\$1,750	Yes
GA	H2293	029	Essential PPO 100/80	\$1,000	Yes
GA	H2293	031	Essential PPO 100/80	\$1,000	Yes
GA	H2293	033	Essential PPO 100/80	\$1,000	Yes
GA	H3288	027	Essential PPO 100/80	\$1,500	Yes
GA	H3288	031	Essential PPO 100/80	\$1,500	Yes
GA	H3288	034	Essential PPO 100/80	\$2,000	Yes
GA	H3288	042	Essential PPO 100/80	\$1,750	Yes
GA	H5302	012	Enhanced SNP EPO Mandatory	\$3,000	No
GA	H5302	013	Enhanced SNP EPO Mandatory	\$3,000	No
GA	H5302	014	Enhanced SNP EPO Mandatory	\$3,000	No
GA	H5302	020	Enhanced SNP EPO Mandatory	\$2,000	No
GA	H5302	022	Essential INN Only EPO	\$1,250	No
GA	H5302	023	Essential INN Only EPO	\$1,000	No
GA	H5521	091	Essential PPO 100/80	\$1,200	Yes
GA	H5521	328	Essential PPO 100/80	\$2,150	Yes
GA	H5521	364	Essential PPO 100/80	\$2,600	Yes
GA	H5521	598	Essential PPO 100/50	\$2,000	Yes

### Hawaii

No Aetna Medicare Advantage dental plans are offered in Hawaii

### Idaho

No Aetna Medicare Advantage dental plans are offered in Idaho



## Aetna Medicare Advantage package names by state

### Illinois

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
IL	H1206	003	Deluxe EPO POS Mandatory	\$2,000	Yes
IL	H1206	004	Deluxe EPO Mandatory	\$1,500	No
IL	H1206	005	Deluxe EPO Mandatory	\$2,000	No
IL	H1608	013	Essential PPO 100/50	\$500	Yes
IL	H1608	050	Essential PPO 100/50	\$1,000	Yes
IL	H1608	067	Essential PPO 100/50	\$1,250	Yes
IL	H2663	002	Essential EPO POS 100/50	\$3,000	Yes
IL	H2663	005	Essential EPO POS 100/50	\$2,000	Yes
IL	H2663	006	Essential EPO POS 100/50	\$2,000	Yes
IL	H2663	017	Essential EPO POS 100/50	\$3,500	Yes
IL	H2663	069	Essential EPO POS 100/50	\$1,500	Yes
IL	H3192	001	Deluxe EPO POS Mandatory	\$3,000	Yes
IL	H3192	013	Essential EPO POS 100/50	\$2,200	Yes
IL	H5521	016	Essential PPO 100/50	\$2,200	Yes
IL	H5521	086	Essential PPO 100/50	\$1,600	Yes
IL	H5521	286	Choice PPO 100/100	\$3,500	Yes
IL	H5521	314	Essential PPO 100/50	\$2,800	Yes
IL	H7301	002	Essential PPO 100/50	\$2,250	Yes
IL	H7301	006	Essential PPO 100/50	\$1,900	Yes
IL	H7301	007	Essential PPO 100/50	\$750	Yes
IL	H7301	009	Essential PPO 100/50	\$1,500	Yes
IL	H7301	013	Deluxe PPO Mandatory	\$3,000	Yes
IL	H7301	015	Essential PPO 100/50	\$1,500	Yes
IL	H7301	021	Deluxe PPO Mandatory	\$2,000	Yes
IL	H7301	022	Deluxe PPO Mandatory	\$2,000	Yes
IL	H7301	023	Essential PPO 100/50	\$1,500	Yes
IL	H7301	027	Essential PPO 100/50	\$750	Yes
IL	H7301	030	Deluxe PPO Mandatory	\$3,500	Yes

### Indiana

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
IN	H3192	004	Deluxe EPO POS Mandatory	\$2,000	Yes
IN	H3192	005	Deluxe EPO POS Mandatory	\$2,000	Yes
IN	H3192	006	Deluxe EPO POS Mandatory	\$2,000	Yes
IN	H3192	020	Deluxe EPO POS Mandatory	\$2,500	Yes
IN	H5521	099	Essential PPO 100/50	\$1,450	Yes
IN	H5521	211	Essential PPO 100/50	\$1,000	Yes
IN	H5521	223	Essential PPO 100/50	\$1,750	Yes

## Aetna Medicare Advantage package names by state

### Indiana (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
IN	H5521	231	Essential PPO 100/50	\$1,800	Yes
IN	H5521	286	Choice PPO 100/100	\$3,500	Yes
IN	H5521	302	Essential PPO 100/50	\$2,200	Yes
IN	H5521	386	Essential PPO 100/50	\$1,500	Yes
IN	H5521	405	Deluxe PPO Mandatory	\$2,000	Yes
IN	H5521	406	Deluxe PPO Mandatory	\$2,000	Yes
IN	H5521	408	Essential PPO 100/50	\$1,200	Yes
IN	H5521	409	Essential PPO 100/50	\$1,750	Yes
IN	H5521	496	Deluxe PPO Mandatory	\$1,500	Yes
IN	H5521	497	Essential PPO 100/50	\$2,500	Yes
IN	H5521	584	Essential PPO 100/50	\$2,500	Yes
IN	H5521	590	Deluxe PPO Mandatory	\$3,500	Yes
IN	H5521	593	Essential PPO 100/50	\$2,500	Yes

### Iowa

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
IA	H1608	001	Essential PPO 100/50	\$1,200	Yes
IA	H1608	037	Essential PPO 100/50	\$750	Yes
IA	H1609	001	Essential EPO POS 100/50	\$1,400	Yes
IA	H1609	058	Essential EPO POS 100/50	\$1,500	Yes
IA	H1609	068	Essential EPO POS 100/50	\$2,000	Yes
IA	H1609	069	Essential EPO POS 100/50	\$1,300	Yes
IA	H5593	001	Enhanced SNP EPO Mandatory	\$3,500	No

### Kansas

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
KS	H1608	016	Essential PPO 100/50	\$2,000	Yes
KS	H1608	017	Deluxe PPO Mandatory	\$4,000	Yes
KS	H1608	018	Essential PPO 100/50	\$2,000	Yes
KS	H1608	024	Essential PPO 100/50	\$2,000	Yes
KS	H1608	052	Essential PPO 100/50	\$1,000	Yes
KS	H1608	070	Essential PPO 100/50	\$2,000	Yes
KS	H1608	072	Essential PPO 100/50	\$1,000	Yes
KS	H2663	025	Essential EPO POS 100/50	\$2,000	Yes
KS	H2663	026	Essential EPO POS 100/50	\$1,000	Yes
KS	H2663	028	Essential EPO POS 100/50	\$2,500	Yes





## Aetna Medicare Advantage package names by state

### Kansas (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
KS	H2663	038	Deluxe EPO Mandatory	\$3,000	No
KS	H2663	040	Deluxe EPO Mandatory	\$3,000	No
KS	H2663	042	Deluxe EPO Mandatory	\$3,000	No
KS	H2663	043	Essential EPO POS 100/50	\$2,500	Yes
KS	H2663	052	Broad Coverage EPO Mandatory	\$2,500	No
KS	H2663	053	Broad Coverage EPO Mandatory	\$2,500	No
KS	H2663	054	Broad Coverage EPO Mandatory	\$2,500	No
KS	H2663	055	Broad Coverage EPO Mandatory	\$2,000	No
KS	H2663	056	Broad Coverage EPO Mandatory	\$1,500	No
KS	H2663	061	Essential EPO POS 100/50	\$2,500	Yes
KS	H2663	062	Essential EPO POS 100/50	\$2,500	Yes
KS	H2663	063	Essential EPO POS 100/50	\$2,500	Yes
KS	H2663	064	Broad Coverage EPO Mandatory	\$2,500	No
KS	H2663	065	Preventive Only EPO Mandatory	N/A	No
KS	H5325	001	Enhanced SNP EPO Mandatory	\$2,750	No
KS	H5325	002	Enhanced SNP EPO Mandatory	\$2,000	No
KS	H5325	009	Enhanced SNP EPO Mandatory	\$1,500	No

### Kentucky

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
KY	H0628	007	Essential EPO POS 100/50	\$1,100	Yes
KY	H0628	008	Essential EPO POS 100/50	\$1,100	Yes
KY	H0628	010	Essential EPO POS 100/50	\$2,200	Yes
KY	H0628	012	Enhanced SNP EPO Mandatory	\$3,500	No
KY	H0628	023	Deluxe EPO POS Mandatory	\$1,000	Yes
KY	H0628	024	Deluxe EPO POS Mandatory	\$1,000	Yes
KY	H5521	020	Choice PPO 100/50	\$1,500	Yes
KY	H5521	085	Deluxe PPO Mandatory	\$3,500	Yes
KY	H5521	156	Essential PPO 100/50	\$1,000	Yes
KY	H5521	259	Essential PPO 100/50	\$1,000	Yes
KY	H5521	260	Essential PPO 100/50	\$1,000	Yes
KY	H5521	442	Deluxe PPO Mandatory	\$1,000	Yes
KY	H5521	488	Deluxe PPO Mandatory	\$1,000	Yes
KY	H5521	490	Essential PPO 100/50	\$1,550	Yes



## Aetna Medicare Advantage package names by state

### Louisiana

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
LA	H3239	001	Enhanced SNP EPO Mandatory	\$3,500	No
LA	H3239	006	Enhanced SNP EPO Mandatory	\$4,500	No
LA	H3239	007	Enhanced SNP EPO Mandatory	\$3,000	No
LA	H3239	013	Enhanced SNP EPO Mandatory	\$3,750	No
LA	H3239	021	Enhanced SNP EPO Mandatory	\$4,000	No
LA	H3239	022	Essential INN Only EPO	\$2,000	No
LA	H3239	023	Enhanced SNP EPO Mandatory	\$3,000	No
LA	H3928	001	Essential INN Only EPO	\$2,650	No
LA	H5521	178	Essential PPO 100/80	\$1,500	Yes
LA	H5521	230	Essential PPO 100/80	\$2,500	Yes
LA	H5521	232	Essential PPO 100/80	\$2,000	Yes
LA	H5521	233	Essential PPO 100/80	\$1,300	Yes
LA	H5521	235	Essential PPO 100/80	\$2,000	Yes
LA	H5521	326	Essential PPO 100/80	\$2,700	Yes
LA	H5521	365	Essential PPO 100/50	\$2,000	Yes
LA	H5521	469	Choice PPO 100/100	\$2,750	Yes
LA	H5521	472	Choice PPO 100/100	\$3,500	Yes
LA	H5521	474	Essential PPO 100/80	\$2,500	Yes
LA	H5521	476	Essential PPO 100/80	\$1,000	Yes
LA	H5521	550	Essential PPO 100/80	\$1,000	Yes
LA	H5521	551	Essential PPO 100/80	\$1,000	Yes
LA	H5521	645	Essential PPO 100/80	\$1,000	Yes
LA	H5521	646	Essential PPO 100/80	\$1,000	Yes

### Maine

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
ME	H3597	001	Choice EPO POS 100/80	\$1,000	Yes
ME	H3597	007	Choice EPO POS 100/80	\$500	Yes
ME	H3597	009	Preventive Only 0% OON EPO POS Mandatory	N/A	Yes
ME	H3597	011	Choice EPO POS 100/100	\$1,000	Yes
ME	H3597	012	Choice EPO POS 100/100	\$2,000	Yes
ME	H3597	014	Choice EPO POS 100/80	\$500	Yes
ME	H5521	296	Choice PPO 100/80	\$2,000	Yes
ME	H5521	495	Choice PPO 100/80	\$1,500	Yes



## Aetna Medicare Advantage package names by state

### Maryland

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
MD	H3931	097	Choice EPO POS 100/50	\$1,500	Yes
MD	H3931	159	Broad Coverage EPO Mandatory	\$2,000	No
MD	H5521	480	Choice PPO 100/50	\$2,000	Yes
MD	H5521	482	Choice PPO 100/50	\$1,000	Yes

### Massachusetts

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
MA	H5521	159	Choice PPO 100/80	\$1,000	Yes
MA	H5521	160	Choice PPO 100/80	\$1,000	Yes
MA	H5521	296	Choice PPO 100/80	\$2,000	Yes
MA	H5521	450	Choice PPO 100/80	\$2,000	Yes
MA	H5521	451	Choice PPO 100/80	\$1,250	Yes
MA	H5521	509	Choice PPO 100/80	\$1,000	Yes
MA	H5793	014	Choice EPO POS 100/80	\$1,650	Yes
MA	H5793	018	Choice EPO POS 100/80	\$1,000	Yes

### Michigan

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
MI	H3192	002	Essential EPO POS 100/50	\$1,900	Yes
MI	H3192	003	Deluxe EPO POS Mandatory	\$2,000	Yes
MI	H3192	007	Enhanced SNP EPO Mandatory	\$2,600	No
MI	H3192	010	Deluxe EPO POS Mandatory	\$1,500	Yes
MI	H3192	011	Essential EPO POS 100/50	\$1,600	Yes
MI	H3192	021	Deluxe EPO POS Mandatory	\$2,500	Yes
MI	H5521	194	Essential PPO 100/50	\$2,600	Yes
MI	H5521	214	Essential PPO 100/50	\$2,200	Yes
MI	H5521	217	Essential PPO 100/50	\$2,000	Yes
MI	H5521	219	Essential PPO 100/50	\$2,250	Yes
MI	H5521	284	Choice PPO 100/100	\$1,500	Yes
MI	H5521	285	Choice PPO 100/100	\$1,300	Yes
MI	H5521	286	Choice PPO 100/100	\$3,500	Yes
MI	H5521	288	Choice PPO 100/100	\$1,200	Yes
MI	H5521	311	Choice PPO 100/100	\$1,250	Yes
MI	H5521	386	Essential PPO 100/50	\$1,500	Yes
MI	H5521	399	Essential PPO 100/50	\$2,200	Yes
MI	H5521	404	Essential PPO 100/50	\$2,500	Yes



## Aetna Medicare Advantage package names by state

### Michigan (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
MI	H5521	407	Essential PPO 100/50	\$2,000	Yes
MI	H5521	498	Essential PPO 100/50	\$2,500	Yes
MI	H5521	505	Choice PPO 100/100	\$2,100	Yes
MI	H5521	607	Deluxe PPO Mandatory	\$3,500	Yes

### Minnesota - Allina Health

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
MN	H3219	001	Choice PPO 100/80	\$1,550	Yes
MN	H3219	002	Choice PPO 100/80	\$1,500	Yes
MN	H3219	003	Choice PPO 100/80	\$1,800	Yes
MN	H3219	004	Choice PPO 100/80	\$2,100	Yes
MN	H3219	005	Choice PPO 100/80	\$2,100	Yes
MN	H3219	008	Choice PPO 100/50	\$2,050	Yes
MN	H3219	012	Choice PPO 100/50	\$600	Yes
MN	H3219	013	Choice PPO 100/80	\$1,250	Yes
MN	H3219	014	Choice PPO 100/80	\$1,000	Yes

### Mississippi

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
MS	H3239	005	Enhanced SNP EPO Mandatory	\$3,500	No
MS	H3239	008	Enhanced SNP EPO Mandatory	\$3,500	No
MS	H3239	012	Enhanced SNP EPO Mandatory	\$2,600	No
MS	H3239	014	Essential INN Only EPO	\$2,000	No
MS	H3239	015	Enhanced SNP EPO Mandatory	\$3,500	No
MS	H3239	016	Enhanced SNP EPO Mandatory	\$2,600	No
MS	H3239	017	Essential INN Only EPO	\$1,500	No
MS	H5521	218	Essential PPO 100/80	\$2,000	Yes
MS	H5521	220	Essential PPO 100/80	\$2,000	Yes
MS	H5521	324	Essential PPO 100/80	\$3,000	Yes
MS	H5521	464	Choice PPO 100/100	\$3,000	Yes
MS	H5521	465	Choice PPO 100/80	\$2,100	Yes
MS	H5521	470	Essential PPO 100/80	\$2,000	Yes
MS	H5521	471	Essential PPO 100/80	\$2,000	Yes
MS	H5521	477	Essential PPO 100/80	\$1,000	Yes
MS	H5521	553	Essential PPO 100/80	\$1,000	Yes



## Aetna Medicare Advantage package names by state

### Missouri

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
MO	H1608	013	Essential PPO 100/50	\$500	Yes
MO	H1608	016	Essential PPO 100/50	\$2,000	Yes
MO	H1608	018	Essential PPO 100/50	\$2,000	Yes
MO	H1608	050	Essential PPO 100/50	\$1,000	Yes
MO	H1608	051	Essential PPO 100/50	\$750	Yes
MO	H1608	052	Essential PPO 100/50	\$1,000	Yes
MO	H1608	067	Essential PPO 100/50	\$1,250	Yes
MO	H2663	002	Essential EPO POS 100/50	\$3,000	Yes
MO	H2663	005	Essential EPO POS 100/50	\$2,000	Yes
MO	H2663	006	Essential EPO POS 100/50	\$2,000	Yes
MO	H2663	021	Essential EPO POS 100/50	\$4,000	Yes
MO	H2663	022	Essential EPO POS 100/50	\$2,000	Yes
MO	H2663	023	Essential EPO POS 100/50	\$3,500	Yes
MO	H2663	025	Essential EPO POS 100/50	\$2,000	Yes
MO	H2663	026	Essential EPO POS 100/50	\$1,000	Yes
MO	H2663	041	Essential EPO POS 100/50	\$1,500	Yes
MO	H2663	042	Deluxe EPO Mandatory	\$3,000	No
MO	H2663	043	Essential EPO POS 100/50	\$2,500	Yes
MO	H2663	052	Broad Coverage EPO Mandatory	\$2,500	No
MO	H2663	056	Broad Coverage EPO Mandatory	\$1,500	No
MO	H2663	057	Essential EPO POS 100/50	\$2,000	Yes
MO	H2663	061	Essential EPO POS 100/50	\$2,500	Yes
MO	H2663	063	Essential EPO POS 100/50	\$2,500	Yes
MO	H2663	064	Broad Coverage EPO Mandatory	\$2,500	No
MO	H2663	065	Preventive Only EPO Mandatory	N/A	No
MO	H2663	069	Essential EPO POS 100/50	\$1,500	Yes
MO	H2663	070	Essential EPO POS 100/50	\$1,500	Yes
MO	H5325	003	Enhanced SNP EPO Mandatory	\$2,500	No
MO	H5325	004	Enhanced SNP EPO Mandatory	\$3,750	No
MO	H5325	005	Enhanced SNP EPO Mandatory	\$3,000	No
MO	H5325	006	Enhanced SNP EPO Mandatory	\$3,000	No

### Montana

No Aetna Medicare Advantage dental plans are offered in Montana



## Aetna Medicare Advantage package names by state

### Nebraska

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NE	H1608	012	Essential PPO 100/50	\$1,000	Yes
NE	H1608	038	Essential PPO 100/50	\$1,300	Yes
NE	H1608	082	Essential PPO 100/50	\$1,000	Yes
NE	H7149	001	Essential EPO POS 100/50	\$1,200	Yes
NE	H7149	006	Enhanced SNP EPO Mandatory	\$3,500	No
NE	H7149	007	Essential EPO POS 100/50	\$1,500	Yes
NE	H7149	008	Essential EPO POS 100/50	\$2,000	Yes
NE	H7149	009	Essential EPO POS 100/50	\$1,200	Yes

### Nevada

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NV	H3931	094	Essential EPO POS 100/50	\$1,500	Yes
NV	H3931	151	Essential EPO POS 100/50	\$1,500	Yes
NV	H3931	152	Essential EPO POS 100/50	\$1,000	Yes
NV	H3931	157	Essential EPO POS 100/50	\$2,500	Yes
NV	H3931	160	Essential EPO POS 100/50	\$2,500	Yes
NV	H4711	001	Essential EPO POS 100/50	\$500	Yes
NV	H4711	002	Essential EPO POS 100/50	\$1,000	Yes
NV	H4711	005	Essential EPO POS 100/50	\$500	Yes
NV	H4711	011	Liberty Dental Complete	\$3,000	Must use Liberty Dental Network
NV	H4711	013	Liberty Dental Complete	\$3,000	Must use Liberty Dental Network
NV	H5521	022	Essential PPO 100/50	\$1,000	Yes
NV	H5521	055	Essential PPO 100/50	\$1,500	Yes
NV	H5521	299	Essential PPO 100/50	\$2,200	Yes
NV	H5521	303	Essential PPO 100/50	\$2,000	Yes
NV	H5521	353	Essential PPO 100/50	\$2,500	Yes
NV	H5521	557	Essential PPO 100/50	\$2,200	Yes
NV	H5521	558	Essential PPO 100/50	\$1,200	Yes

### New Hampshire

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NH	H5521	296	Choice PPO 100/80	\$2,000	Yes
NH	H5521	374	Choice PPO 100/80	\$750	Yes
NH	H5521	376	Choice PPO 100/80	\$1,000	Yes
NH	H5521	543	Preventive Only PPO Mandatory	N/A	Yes
NH	H5793	015	Preventive Only 0% OON EPO POS Mandatory	N/A	Yes



## Aetna Medicare Advantage package names by state

### New Jersey

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NJ	H3152	022	Essential EPO POS 100/50	\$1,000	Yes
NJ	H3152	045	Essential INN Only EPO	\$1,500	No
NJ	H3152	048	Essential EPO POS 100/50	\$1,500	Yes
NJ	H3152	080	Essential EPO POS 100/50	\$1,000	Yes
NJ	H3152	082	Deluxe EPO Combo	\$1,000	No
NJ	H3152	098	Deluxe EPO Combo	\$1,000	No
NJ	H5521	037	Essential PPO 100/50	\$1,000	Yes
NJ	H5521	123	Deluxe PPO Combo	\$1,000	Yes
NJ	H5521	124	Deluxe PPO Combo	\$1,000	Yes
NJ	H5521	275	Essential PPO 100/50	\$1,000	Yes
NJ	H5521	277	Deluxe PPO Combo	\$1,000	Yes
NJ	H5521	392	Essential PPO 100/50	\$1,250	Yes
NJ	H5521	456	Essential PPO 100/50	\$750	Yes
NJ	H5521	504	Essential PPO 100/50	\$1,500	Yes
NJ	H5521	510	Essential PPO 100/80	\$1,000	Yes
NJ	H5521	511	Deluxe PPO Combo	\$1,000	Yes
NJ	H5521	512	Deluxe PPO Combo	\$1,500	Yes
NJ	H5521	513	Essential PPO 100/80	\$1,000	Yes
NJ	H5521	514	Deluxe PPO Combo	\$1,000	Yes
NJ	H5521	515	Deluxe PPO Combo	\$1,500	Yes
NJ	R6694	006	Deluxe RPPO Combo	\$1,000	Yes

### New Mexico

No Aetna Medicare Advantage dental plans are offered in New Mexico

### New York

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NY	H3312	002	Deluxe PPO Combo	\$1,500	No
NY	H3312	018	Essential INN Only EPO	\$750	No
NY	H3312	048	Essential EPO POS 100/50	\$1,250	Yes
NY	H3312	062	Essential EPO POS 100/50	\$1,000	Yes
NY	H3312	064	Deluxe EPO Combo	\$1,500	No
NY	H3312	065	Essential EPO POS 100/50	\$1,750	Yes
NY	H3312	069	NY DSNP	N/A	Must use Liberty Dental Network

## Aetna Medicare Advantage package names by state

### New York (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NY	H3312	070	NY DSNP	N/A	Must use Liberty Dental Network
NY	H3312	073	NY DSNP	N/A	Must use Liberty Dental Network
NY	H3312	074	Essential INN Only EPO	\$1,500	No
NY	H3312	079	Deluxe EPO Combo	\$1,500	No
NY	H3312	081	Deluxe EPO Combo	\$1,000	No
NY	H3312	082	Deluxe EPO Combo	\$1,500	No
NY	H3312	087	NY DSNP	N/A	Must use Liberty Dental Network
NY	H3312	088	NY DSNP	N/A	Must use Liberty Dental Network
NY	H3312	089	NY DSNP	N/A	Must use Liberty Dental Network
NY	H3312	090	NY DSNP	N/A	Must use Liberty Dental Network
NY	H5521	040	Deluxe PPO Combo	\$2,000	Yes
NY	H5521	077	Essential PPO 100/50	\$1,250	Yes
NY	H5521	110	Essential PPO 100/80	\$1,000	Yes
NY	H5521	117	Essential PPO 100/50	\$2,000	Yes
NY	H5521	119	Essential PPO 100/50	\$1,500	Yes
NY	H5521	120	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	121	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	215	Essential PPO 100/80	\$1,750	Yes
NY	H5521	312	Essential PPO 100/50	\$1,000	Yes
NY	H5521	320	Essential PPO 100/80	\$1,500	Yes
NY	H5521	323	Essential PPO 100/80	\$2,000	Yes
NY	H5521	340	Essential PPO 100/50	\$1,500	Yes
NY	H5521	381	Essential PPO 100/80	\$2,000	Yes
NY	H5521	457	Essential PPO 100/50	\$1,000	Yes
NY	H5521	459	Essential PPO 100/50	\$1,250	Yes
NY	H5521	461	Preventive Only PPO Mandatory	N/A	Yes
NY	H5521	520	Deluxe PPO Combo	\$1,000	Yes
NY	H5521	521	Deluxe PPO Combo	\$1,000	Yes
NY	H5521	522	Essential PPO 100/80	\$1,000	Yes
NY	H5521	536	Deluxe PPO Combo	\$1,500	Yes
NY	H5521	537	Deluxe PPO Combo	\$1,500	Yes

### North Carolina

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NC	H3146	001	Choice EPO POS 100/50	\$1,600	Yes
NC	H3146	002	Broad Coverage EPO Mandatory	\$2,500	No
NC	H3146	003	Broad Coverage EPO Mandatory	\$2,500	No
NC	H3146	004	Choice EPO POS 100/50	\$1,600	Yes





## Aetna Medicare Advantage package names by state

### North Carolina (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
NC	H3146	006	Broad Coverage EPO Mandatory	\$2,000	No
NC	H3146	007	Choice EPO POS 100/50	\$2,500	Yes
NC	H3146	008	Broad Coverage EPO Mandatory	\$2,000	No
NC	H3146	018	Preventive Only EPO Mandatory	N/A	No
NC	H3146	021	Broad Coverage EPO Mandatory	\$1,000	No
NC	H3146	022	Preventive Only EPO Mandatory	N/A	No
NC	H5521	081	Choice PPO 100/50	\$1,500	Yes
NC	H5521	139	Choice PPO 100/50	\$1,150	Yes
NC	H5521	169	Choice PPO 100/50	\$2,000	Yes
NC	H5521	170	Choice PPO 100/50	\$1,850	Yes
NC	H5521	236	Choice PPO 100/50	\$1,350	Yes
NC	H5521	241	Choice PPO 100/80	\$2,000	Yes
NC	H5521	243	Choice PPO 100/50	\$1,000	Yes
NC	H5521	348	Choice PPO 100/50	\$1,000	Yes
NC	H5521	538	Choice PPO 100/100	\$2,100	Yes
NC	H5521	609	Choice PPO 100/50	\$1,100	Yes

### North Dakota

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
ND	H1608	081	Essential PPO 100/50	\$750	Yes
ND	H9431	014	Essential PPO 100/50	\$500	Yes
ND	H9431	018	Essential PPO 100/50	\$1,000	Yes

### Ohio

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
OH	H0628	001	Essential EPO POS 100/50	\$1,100	Yes
OH	H0628	003	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	005	Essential EPO POS 100/50	\$2,000	Yes
OH	H0628	013	Enhanced SNP EPO Mandatory	\$3,000	No
OH	H0628	017	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	018	Enhanced SNP EPO Mandatory	\$3,500	No
OH	H0628	019	Essential EPO POS 100/50	\$1,000	Yes
OH	H0628	021	Deluxe EPO POS Mandatory	\$1,000	Yes
OH	H0628	027	Essential EPO POS 100/50	\$1,000	Yes
OH	H1608	029	Deluxe PPO Mandatory	\$3,000	Yes
OH	H3931	107	Essential EPO POS 100/50	\$2,200	Yes



## Aetna Medicare Advantage package names by state

### Ohio (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
OH	H3931	108	Deluxe EPO Mandatory	\$2,500	No
OH	H3931	109	Deluxe EPO POS Mandatory	\$1,500	Yes
OH	H5521	020	Choice PPO 100/50	\$1,500	Yes
OH	H5521	087	Deluxe PPO Mandatory	\$1,000	Yes
OH	H5521	088	Deluxe PPO Mandatory	\$1,000	Yes
OH	H5521	089	Deluxe PPO Mandatory	\$1,000	Yes
OH	H5521	487	Deluxe PPO Mandatory	\$1,500	Yes
OH	H5521	565	Deluxe PPO Mandatory	\$1,000	Yes
OH	R6694	003	Choice PPO 100/50	\$1,000	Yes

### Oklahoma

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
OK	H2663	034	Deluxe EPO Mandatory	\$2,500	No
OK	H3288	017	Deluxe PPO Mandatory	\$1,500	Yes
OK	H3288	019	Deluxe PPO Mandatory	\$2,000	Yes
OK	H3288	020	Deluxe PPO Mandatory	\$1,000	Yes
OK	H3288	021	Deluxe PPO Mandatory	\$1,000	Yes
OK	H3288	051	Deluxe PPO Mandatory	\$2,000	Yes
OK	H3288	053	Liberty Dental OK PPO	\$2,000	Must use Liberty Dental Network

### Oregon

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
OR	H2056	003	Essential EPO POS 100/50	\$1,250	Yes
OR	H2056	004	Essential EPO POS 100/50	\$850	Yes
OR	H2056	005	Essential EPO POS 100/50	\$1,500	Yes
OR	H5521	492	Essential PPO 100/50	\$1,250	Yes
OR	H5521	493	Essential PPO 100/50	\$1,500	Yes
OR	H9431	015	Essential PPO 100/50	\$1,250	Yes

### Pennsylvania

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
PA	H3931	004	Essential EPO POS 100/50	\$2,500	Yes
PA	H3931	064	Essential EPO POS 100/50	\$3,500	Yes
PA	H3931	091	Essential EPO POS 100/50	\$3,000	Yes



## Aetna Medicare Advantage package names by state

### Pennsylvania (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
PA	H3959	001	Essential EPO POS 100/50	\$1,500	Yes
PA	H3959	002	Essential EPO POS 100/50	\$2,500	Yes
PA	H3959	010	Essential EPO POS 100/50	\$2,150	Yes
PA	H3959	011	Essential EPO POS 100/50	\$2,150	Yes
PA	H3959	032	Essential EPO POS 100/50	\$1,250	Yes
PA	H3959	033	Essential EPO POS 100/50	\$1,750	Yes
PA	H3959	035	Enhanced SNP EPO Mandatory	\$2,500	No
PA	H3959	036	Enhanced SNP EPO Mandatory	\$3,500	No
PA	H3959	037	Essential EPO POS 100/50	\$2,200	Yes
PA	H3959	039	Essential EPO POS 100/50	\$1,500	Yes
PA	H3959	041	Essential EPO POS 100/50	\$2,500	Yes
PA	H3959	052	Essential EPO POS 100/50	\$1,500	Yes
PA	H3959	053	Essential EPO POS 100/50	\$1,500	Yes
PA	H3959	066	Enhanced SNP EPO Mandatory	\$3,500	No
PA	H3959	069	Enhanced SNP EPO Mandatory	\$2,000	No
PA	H3959	070	Enhanced SNP EPO Mandatory	\$1,750	No
PA	H3959	071	Enhanced SNP EPO Mandatory	\$2,000	No
PA	H3959	072	Enhanced SNP EPO Mandatory	\$2,000	No
PA	H3959	073	Enhanced SNP EPO Mandatory	\$2,000	No
PA	H3959	074	Deluxe EPO Mandatory	\$2,500	No
PA	H3959	075	Deluxe EPO Mandatory	\$2,500	No
PA	H3959	076	Deluxe EPO Mandatory	\$1,500	No
PA	H3959	077	Deluxe EPO Mandatory	\$1,500	No
PA	H5521	122	Essential PPO 100/50	\$1,000	Yes
PA	H5521	261	Essential PPO 100/50	\$2,500	Yes
PA	H5521	263	Essential PPO 100/50	\$1,000	Yes
PA	H5522	001	Essential PPO 100/50	\$2,000	Yes
PA	H5522	002	Essential PPO 100/50	\$2,250	Yes
PA	H5522	004	Essential PPO 100/50	\$850	Yes
PA	H5522	005	Essential PPO 100/50	\$2,250	Yes
PA	H5522	013	Essential PPO 100/50	\$1,700	Yes
PA	H5522	014	Essential PPO 100/50	\$2,000	Yes
PA	H5522	017	Essential PPO 100/50	\$1,000	Yes
PA	H5522	022	Essential PPO 100/50	\$1,000	Yes
PA	H5522	024	Choice PPO 100/100	\$2,500	Yes
PA	H5522	028	Essential PPO 100/50	\$1,000	Yes
PA	H5522	029	Essential PPO 100/50	\$1,600	Yes
PA	H5522	032	Deluxe PPO Mandatory	\$1,500	Yes

## Aetna Medicare Advantage package names by state

### Rhode Island

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
RI	H5521	296	Choice PPO 100/80	\$2,000	Yes
RI	H5521	375	Choice PPO 100/80	\$1,500	Yes
RI	H5521	449	Choice PPO 100/80	\$2,000	Yes
RI	H5793	019	Choice EPO POS 100/80	\$1,500	Yes

### South Carolina

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
SC	H3146	011	Broad Coverage EPO Mandatory	\$2,000	No
SC	H3146	014	Choice EPO POS 100/50	\$2,500	Yes
SC	H3146	016	Broad Coverage EPO Mandatory	\$3,500	No
SC	H3146	017	Broad Coverage EPO Mandatory	\$3,000	No
SC	H3146	019	Preventive Only EPO Mandatory	N/A	No
SC	H3146	023	Preventive Only EPO Mandatory	N/A	No
SC	H5521	140	Choice PPO 100/50	\$1,650	Yes
SC	H5521	245	Choice PPO 100/50	\$2,000	Yes
SC	H5521	249	Choice PPO 100/50	\$2,100	Yes
SC	H5521	251	Choice PPO 100/50	\$1,000	Yes
SC	H5521	279	Choice PPO 100/80	\$2,000	Yes
SC	H5521	319	Choice PPO 100/50	\$2,050	Yes
SC	H5521	500	Choice PPO 100/50	\$1,000	Yes
SC	H5521	539	Choice PPO 100/100	\$1,500	Yes

### South Dakota

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
SD	H1608	001	Essential PPO 100/50	\$1,200	Yes
SD	H1608	061	Essential PPO 100/50	\$2,000	Yes
SD	H1608	062	Choice PPO 100/100	\$2,000	Yes
SD	H1608	064	Essential PPO 100/50	\$1,000	Yes
SD	H1608	080	Essential PPO 100/50	\$1,500	Yes



## Aetna Medicare Advantage package names by state

### Tennessee

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
TN	H3146	012	Broad Coverage EPO Mandatory	\$2,000	No
TN	H5521	141	Choice PPO 100/50	\$2,100	Yes
TN	H5521	254	Choice PPO 100/50	\$2,100	Yes
TN	H5521	355	Choice PPO 100/80	\$2,000	Yes
TN	H5521	501	Choice PPO 100/50	\$1,000	Yes
TN	H5521	502	Choice PPO 100/50	\$1,050	Yes

### Texas

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
TX	H2293	014	Deluxe PPO Mandatory	\$2,500	Yes
TX	H2293	016	Deluxe PPO Mandatory	\$1,500	Yes
TX	H2293	017	Deluxe PPO Mandatory	\$2,500	Yes
TX	H2293	019	Deluxe PPO Mandatory	\$2,500	Yes
TX	H2293	025	Deluxe PPO Mandatory	\$2,000	Yes
TX	H2293	026	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	001	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	002	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	003	Deluxe PPO Mandatory	\$2,000	Yes
TX	H3288	004	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	005	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	006	Deluxe PPO Mandatory	\$2,500	Yes
TX	H3288	007	Deluxe PPO Mandatory	\$2,000	Yes
TX	H3288	008	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	009	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	011	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	016	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	018	Deluxe PPO Mandatory	\$2,000	Yes
TX	H3288	046	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	047	Deluxe PPO Mandatory	\$1,000	Yes
TX	H3288	048	Deluxe PPO Mandatory	\$1,500	Yes
TX	H3288	051	Deluxe PPO Mandatory	\$2,000	Yes
TX	H4523	001	Deluxe EPO Mandatory	\$3,500	No
TX	H4523	015	Deluxe EPO Mandatory	\$2,500	No
TX	H4523	020	Deluxe EPO Mandatory	\$3,500	No
TX	H4523	021	Deluxe EPO Mandatory	\$2,500	No
TX	H4523	024	\$0 INN Deluxe EPO Mandatory	\$3,500	No



## Aetna Medicare Advantage package names by state

### Texas (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
TX	H4523	027	Deluxe EPO Mandatory	\$2,500	No
TX	H4523	028	Enhanced SNP EPO Mandatory	\$1,000	No
TX	H4523	029	Enhanced SNP EPO Mandatory	\$1,000	No
TX	H4523	030	Enhanced SNP EPO Mandatory	\$1,000	No
TX	H4523	031	Deluxe EPO Mandatory	\$1,000	No
TX	H8332	004	Deluxe EPO Mandatory	\$1,500	No
TX	H8597	001	Enhanced SNP EPO Mandatory	\$1,750	No
TX	H8597	002	Enhanced SNP EPO Mandatory	\$1,000	No
TX	H8597	003	Enhanced SNP EPO Mandatory	\$1,250	No

### Utah

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
UT	H5521	101	Essential PPO 100/50	\$1,000	Yes
UT	H5521	197	Essential PPO 100/50	\$1,000	Yes
UT	H5521	246	Essential PPO 100/50	\$1,500	Yes
UT	H5521	351	Essential PPO 100/50	\$2,000	Yes
UT	H5521	398	Choice PPO 100/80	\$3,000	Yes
UT	H5521	414	Essential PPO 100/50	\$2,500	Yes
UT	H8649	003	Essential EPO POS 100/50	\$1,500	Yes
UT	H8649	008	Essential EPO POS 100/50	\$1,150	Yes
UT	H8649	010	Enhanced SNP EPO Mandatory	\$3,000	No

### Vermont

No Aetna Medicare Advantage dental plans are offered in Vermont



## Aetna Medicare Advantage package names by state

### Virginia

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
VA	H1610	001	DentaQuest Wrap	\$3,000	Must use DentaQuest Network
VA	H1610	003	DentaQuest 1 HMO	\$2,000	Must use DentaQuest Network
VA	H3931	099	Choice EPO POS 100/80	\$2,500	Yes
VA	H3931	100	Choice EPO POS 100/50	\$2,250	Yes
VA	H3931	101	Choice EPO POS 100/50	\$1,650	Yes
VA	H3931	143	Choice EPO POS 100/50	\$1,050	Yes
VA	H3931	158	Choice EPO POS 100/50	\$2,100	Yes
VA	H3931	162	Choice EPO POS 100/50	\$2,000	Yes
VA	H5521	027	Choice PPO 100/50	\$1,000	Yes
VA	H5521	084	Choice PPO 100/50	\$2,000	Yes
VA	H5521	322	Choice PPO 100/80	\$2,000	Yes
VA	H5521	395	Choice PPO 100/50	\$1,100	Yes
VA	H5521	484	Choice PPO 100/50	\$1,100	Yes

### Washington

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
WA	H3748	003	Essential EPO POS 100/50	\$650	Yes
WA	H3748	006	Essential EPO POS 100/50	\$1,500	Yes
WA	H3748	017	Essential EPO POS 100/50	\$500	Yes
WA	H3931	126	Essential EPO POS 100/50	\$975	Yes
WA	H5521	330	Essential PPO 100/50	\$1,750	Yes
WA	H5521	380	Essential PPO 100/50	\$1,000	Yes
WA	H5521	431	Essential PPO 100/50	\$1,000	Yes

### Washington DC

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
DC	H3931	095	Choice EPO POS 100/50	\$1,500	Yes
DC	H5521	015	Choice PPO 100/50	\$1,000	Yes
DC	H5521	480	Choice PPO 100/50	\$2,000	Yes

### West Virginia

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
WV	H1608	027	Essential PPO 100/50	\$2,000	Yes
WV	H1608	031	Essential PPO 100/50	\$1,000	Yes



## Aetna Medicare Advantage package names by state

### West Virginia (continued)

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
WV	H1608	040	Essential PPO 100/50	\$2,000	Yes
WV	H1608	083	Choice PPO 100/100	\$2,500	Yes
WV	H1608	085	Deluxe PPO Mandatory	\$2,500	Yes
WV	H1692	002	Essential INN Only EPO	\$2,500	No
WV	H1692	003	Essential INN Only EPO	\$2,000	No
WV	H1692	005	Enhanced SNP EPO Mandatory	\$2,000	No
WV	H1692	006	Essential INN Only EPO	\$3,000	No
WV	H1692	007	Essential INN Only EPO	\$1,000	No

### Wisconsin

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
WI	H1206	002	Deluxe EPO POS Mandatory	\$2,500	Yes
WI	H5521	150	Essential PPO 100/50	\$1,750	Yes
WI	H5521	195	Essential PPO 100/50	\$1,800	Yes
WI	H5521	283	Choice PPO 100/100	\$2,150	Yes
WI	H5521	286	Choice PPO 100/100	\$3,500	Yes
WI	H5521	289	Deluxe PPO Mandatory	\$1,500	Yes
WI	H5521	386	Essential PPO 100/50	\$1,500	Yes
WI	H5521	388	Deluxe PPO Mandatory	\$2,000	Yes
WI	H5521	400	Essential PPO 100/50	\$2,000	Yes
WI	H5521	403	Essential PPO 100/50	\$2,200	Yes
WI	H5521	499	Essential PPO 100/50	\$2,500	Yes
WI	H5521	614	Deluxe PPO Mandatory	\$3,500	Yes

### Wyoming

State	Contract	PBP	Dental Plan Name	Maximum	Out of Network Coverage Included?
WY	H5521	197	Essential PPO 100/50	\$1,000	Yes
WY	H5521	351	Essential PPO 100/50	\$2,000	Yes
WY	H8649	008	Essential EPO POS 100/50	\$1,150	Yes







## Aetna Medicare Advantage



### Broad Coverage EPO Mandatory

This Aetna Dental Medicare plan offers in network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Annual maximum varies by contract
- Annual maximum applies to all services
- No out of network benefits available

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network
CDT Code	Description	
D0120	Periodic oral evaluation - established patient	100%
D0140	Limited oral evaluation - problem focused	100%
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver	100%
D0150	Comprehensive oral evaluation - new or established patient	100%
D0160	Detailed and extensive oral evaluation - problem focused, by report	100%
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)	100%
D0171	Re-evaluation - post- operative office visit	100%
D0180	Comprehensive periodontal evaluation - new or established patient	100%
D0190	Screening of a patient	100%
D0191	Assessment of a patient	100%
D0210	Intra-oral complete series of radiographic images	100%
D0220	Intraoral - periapical-first radiographic image	100%
D0230	Intraoral- periapical each additional radiographic image	100%
D0240	Intraoral-occlusal radiographic image	100%
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	100%
D0251	Extra-oral posterior dental radiographic image	100%
D0270	Bitewings-single radiographic images	100%
D0272	Bitewings-two radiographic images	100%
D0273	Bitewings-three radiographic images	100%
D0274	Bitewings-four radiographic images	100%
D0277	Vertical Bitewings - 7 to 8 radiographic images	100%
D0310	Sialography	100%
D0320	Temporomandibular arthrogram including injection	100%
D0321	Other TMJ radiographies images, by report	100%
D0322	Tomographic survey	100%
D0330	Panoramic radiographic image	100%
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	100%
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw	100%
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	100%
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium	100%
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	100%
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	100%
D0369	Maxillofacial MRI capture and interpretation	100%
D0370	Maxillofacial ultrasound, capture and interpretation	100%
D0371	Sialoendoscopy -capture and interpretation	100%
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	100%
D0373	Intraoral tomosynthesis - bitewing radiographic image	100%
D0374	Intraoral tomosynthesis - periapical radiographic image	100%
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	100%
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	100%
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium	100%
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	100%
D0384	Cone beam CT capture image for TMJ series including two or more exposures	100%
D0385	Maxillofacial MRI image capture	100%
D0386	Maxillofacial ultrasound image capture	100%
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	100%
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	100%
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only	100%
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	100%
D0393	Treatment simulation using 3-D image volume	100%
D0394	Digital subtraction of two or more images or image volumes of the same modality	100%
D0395	Fusion of two or more 3-D image volumes of the same modality	100%
D0396	3D Printing of a 3D surface scan	100%
D0411	HbA1c in-office point of service testing	100%
D0412	Blood glucose level test: in office using a glucose meter	100%
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	100%
D0415	Collection of microorganisms for culture and sensitivity	100%
D0416	Viral culture	100%
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	100%
D0418	Analysis of saliva sample	100%
D0419	Assessment of salivary flow by measurement	100%
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	100%
D0423	Genetic test for susceptibility to diseases - specimen analysis	100%
D0425	Caries susceptibility tests	100%
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures	100%
D0460	Pulp vitality tests	100%
D0470	Diagnostic casts	100%
D0472	Accession of tissue, gross examination, preparation and transmission of written report	100%
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	100%
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical	100%

## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D0475	Decalcification procedure	100%
D0476	Special stains for microorganisms	100%
D0477	Special stains, not for microorganisms	100%
D0478	Immunohistochemical stains	100%
D0479	Tissue in situ hybridization, including interpretation	100%
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	100%
D0481	Electron microscopy	100%
D0482	Direct immunofluorescence	100%
D0483	Indirect immunofluorescence	100%
D0484	Consultation on slides prepared elsewhere	100%
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	100%
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	100%
D0502	Other oral pathology procedures, by report	100%
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	100%
D0601	Caries risk assessment and documentation, with a finding of low risk	100%
D0602	Caries risk assessment and documentation, with a finding of moderate risk	100%
D0603	Caries risk assessment and documentation, with a finding of high risk	100%
D0604	Antigen testing for a public health related pathogen includes coronavirus	100%
D0605	Antibody testing for a public health related pathogen includes coronavirus	100%
D0701	Panoramic radiographic image - image capture only	100%
D0702	2-D cephalometric radiographic image - image capture only	100%
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only	100%
D0705	Extra-oral posterior dental radiographic image - image capture only	100%
D0706	Intraoral - occlusal radiographic image - image capture only	100%
D0707	Intraoral - periapical radiographic image - image capture only	100%
D0708	Intraoral - bitewing radiographic image - image capture only	100%
D0709	Intraoral- complete series of radiographic images - image capture only	100%
D0801	3D intraoral surface scan - direct	100%
D0802	3D dental surface scan - indirect	100%
D0803	3D facial surface scan - direct	100%
D0804	3D facial surface scan - indirect	100%
D1110	Prophylaxis-adult	100%
D1120	Prophylaxis - child	100%
D1206	Topical application of fluoride varnish	100%
D1208	Topical application of fluoride - excluding varnish	100%
D1301	Immunization counseling	100%
D1310	Nutritional counseling for control of dental disease	100%
D1320	Tobacco counseling for the control and prevention of oral disease	100%
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	100%
D1330	Oral hygiene instructions	100%
D1351	Sealant - per tooth	100%
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	100%
D1353	Sealant repair per tooth	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D1354	Interim caries arresting medicament application - per tooth	100%
D1355	Caries preventive medicament application - per tooth	100%
D1510	Space maintainer - fixed - unilateral - per quadrant	100%
D1516	Space maintainer - fixed - bilateral, maxillary	100%
D1517	Space maintainer - fixed - bilateral, mandibular	100%
D1520	Space maintainer - removable - unilateral - per quadrant	100%
D1526	Space maintainer - removable - bilateral, maxillary	100%
D1527	Space maintainer - removable - bilateral, mandibular	100%
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	100%
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	100%
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	100%
D1556	Removal of fixed unilateral space maintainer- per quadrant	100%
D1557	Removal of fixed bilateral space maintainer - maxillary	100%
D1558	Removal of fixed bilateral space maintainer - mandibular	100%
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant	100%
D2140	Amalgam - one surface, primary or permanent	100%
D2150	Amalgam - two surfaces, primary or permanent	100%
D2160	Amalgam - three surfaces, primary or permanent	100%
D2161	Amalgam - four or more surfaces, primary or permanent	100%
D2330	Resin-based composite - one surface, anterior	100%
D2331	Resin-based composite - two surfaces, anterior	100%
D2332	Resin-based composite - three surfaces, anterior	100%
D2335	Resin-based composite - four or more surfaces (anterior)	100%
D2390	Resin-based composite crown, anterior	100%
D2391	Resin-based composite - one surface, posterior	100%
D2392	Resin-based composite - two surfaces, posterior	100%
D2393	Resin-based composite - three surfaces, posterior	100%
D2394	Resin-based composite - four or more surfaces, posterior	100%
D2410	Gold foil - one surface	100%
D2420	Gold foil - two surfaces	100%
D2430	Gold foil - three surfaces	100%
D2510	Inlay - metallic - one surface	100%
D2520	Inlay - metallic - two surfaces	100%
D2530	Inlay - metallic - three or more surfaces	100%
D2542	Onlay - metallic - two surfaces	100%
D2543	Onlay - metallic - three surfaces	100%
D2544	Onlay - metallic - four or more surfaces	100%
D2610	Inlay - porcelain/ceramic - one surface	100%
D2620	Inlay - porcelain/ceramic - two surfaces	100%
D2630	Inlay - porcelain/ceramic - three or more surfaces	100%
D2642	Onlay - porcelain/ceramic - two surfaces	100%
D2643	Onlay - porcelain/ceramic - three surfaces	100%
D2644	Onlay - porcelain/ceramic - four or more surfaces	100%
D2650	Inlay - resin-based composite - one surface	100%
D2651	Inlay - resin-based composite - two surfaces	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D2652	Inlay - resin-based composite - three or more surfaces	100%
D2662	Onlay - resin-based composite - two surfaces	100%
D2663	Onlay - resin-based composite - three surfaces	100%
D2664	Onlay - resin-based composite - four or more surfaces	100%
D2710	Crown - resin-based composite (indirect)	100%
D2712	Crown - ¾ resin-based composite (indirect)	100%
D2720	Crown - resin with high noble metal	100%
D2721	Crown - resin with predominantly base metal	100%
D2722	Crown - resin with noble metal	100%
D2740	Crown - porcelain/ceramic	100%
D2750	Crown - porcelain fused to high noble metal	100%
D2751	Crown - porcelain fused to predominantly base metal	100%
D2752	Crown - porcelain fused to noble metal	100%
D2753	Crown - porcelain fused to titanium or titanium alloy	100%
D2780	Crown - ¾ cast high noble metal	100%
D2781	Crown - ¾ cast predominantly base metal	100%
D2782	Crown - ¾ cast noble metal	100%
D2783	Crown - ¾ porcelain/ ceramic	100%
D2790	Crown - full cast high noble metal	100%
D2791	Crown - full cast predominantly base metal	100%
D2792	Crown - full cast noble metal	100%
D2794	Crown - titanium/titanium alloy	100%
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	100%
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	100%
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core	100%
D2920	Recement or rebond crown	100%
D2921	Reattachment of tooth fragment, incisal edge or cusp	100%
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	100%
D2929	Prefabricated porcelain/ceramic crown - primary tooth	100%
D2930	Prefabricated stainless steel crown - primary tooth	100%
D2931	Prefabricated stainless steel crown - permanent tooth	100%
D2932	Prefabricated resin crown	100%
D2933	Prefabricated stainless steel crown with resin window	100%
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	100%
D2940	Protective restoration	100%
D2949	Restorative foundation for an indirect restoration	100%
D2950	Core buildup, including any pins when required	100%
D2951	Pin retention - per tooth, in addition to restoration	100%
D2952	Indirectly fabricated post and core in addition to crown	100%
D2953	Each additional indirectly fabricated post - same tooth	100%
D2954	Prefabricated post and core in addition to crown	100%
D2955	Post removal	100%
D2956	Removal of an indirect restoration on a natural tooth	100%
D2957	Each additional prefabricated post in the same tooth	100%
D2960	Labial veneer (resin laminate) - direct	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D2961	Labial veneer (resin laminate) - indirect	100%
D2962	Labial veneer (porcelain laminate) - indirect	100%
D2971	Additional procedures to construct new crown under existing partial denture framework	100%
D2975	Coping	100%
D2976	Band stabilization - per tooth	100%
D2980	Crown repair, necessitated by restorative material failure	100%
D2981	Inlay repair, necessitated by restorative material failure	100%
D2982	Onlay repair, necessitated by restorative material failure	100%
D2983	Veneer repair, necessitated by restorative material failure	100%
D2989	Excavation of a tooth resulting in the determination of non-restorability	100%
D2990	Resin infiltration of incipient smooth surface lesions	100%
D2991	Application of hydroxyapatite regeneration medicament - per tooth	100%
D3110	Pulp cap - direct (excluding final restoration)	100%
D3120	Pulp cap - indirect (excluding final restoration)	100%
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	100%
D3221	Pulpal debridement, primary and permanent teeth	100%
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	100%
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	100%
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	100%
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	100%
D3330	Endodontic therapy, molar tooth(excluding final restoration)	100%
D3331	Treatment of root canal obstruction, non-surgical access	100%
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	100%
D3333	Internal root repair of perforation defects	100%
D3346	Retreatment of previous root canal therapy - anterior	100%
D3347	Retreatment of previous root canal therapy - premolar	100%
D3348	Retreatment of previous root canal therapy - molar	100%
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	100%
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	100%
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	100%
D3355	Pulpal regeneration - initial visit	100%
D3356	Pulpal regeneration-interim medication replacement	100%
D3357	Pulpal regeneration - completion of treatment	100%
D3410	Apicoectomy - anterior	100%
D3421	Apicoectomy - premolar (first root)	100%
D3425	Apicoectomy - molar (first root)	100%
D3426	Apicoectomy (each additional root)	100%
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site	100%
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.	100%
D3430	Retrograde filling - per root	100%
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	100%
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D3450	Root amputation - per root	100%
D3470	Intentional reimplantation (including necessary splinting)	100%
D3471	Surgical repair of root resorption - anterior	100%
D3472	Surgical repair of root resorption - premolar	100%
D3473	Surgical repair of root resorption - molar	100%
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	100%
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	100%
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption - molar	100%
D3910	Surgical procedure for isolation of tooth with rubber dam	100%
D3920	Hemisection (including any root removal), not including root canal therapy	100%
D3921	Decoronation or submergence of an erupted tooth	100%
D3950	Canal preparation and fitting of preformed dowel or post	100%
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant	100%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant	100%
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth	100%
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant	100%
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant	100%
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	100%
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant	100%
D4245	Apically positioned flap	100%
D4249	Clinical crown lengthening - hard tissue	100%
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant	100%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	100%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	100%
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant	100%
D4265	Biologic materials to aid in soft and osseous tissue regeneration	100%
D4266	Guided tissue regeneration - resorbable barrier, per site	100%
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)	100%
D4268	Surgical revision procedure, per tooth	100%
D4270	Pedicle soft tissue graft procedure	100%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	100%
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	100%
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	100%
D4276	Combined connective tissue and double pedicle graft	100%
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft	100%
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site	100%
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	100%
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	100%
D4286	Removal of non-resorbable barrier	100%





## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	100%
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	100%
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	100%
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant	100%
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	100%
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	100%
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	100%
D4910	Periodontal maintenance	100%
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)	100%
D4921	Gingival irrigation - per quadrant	100%
D5110	Complete denture, maxillary	100%
D5120	Complete denture, mandibular	100%
D5130	Immediate denture, maxillary	100%
D5140	Immediate denture, mandibular	100%
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)	100%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	100%
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	100%
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	100%
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	100%
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	100%
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	100%
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	100%
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	100%
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	100%
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	100%
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	100%
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	100%
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	100%
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant	100%
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	100%
D5410	Adjust complete denture - maxillary	100%
D5411	Adjust complete denture - mandibular	100%
D5421	Adjust partial denture - maxillary	100%
D5422	Adjust partial denture - mandibular	100%
D5511	Repair broken complete denture base, mandibular	100%
D5512	Repair broken complete denture base, maxillary	100%
D5520	Replace missing or broken teeth - complete denture - per tooth	100%
D5611	Repair resin partial denture base, mandibular	100%
D5612	Repair resin partial denture base, maxillary	100%
D5621	Repair cast partial framework, mandibular	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D5622	Repair cast partial framework, maxillary	100%
D5630	Repair or replace broken retentive clasping materials - per tooth	100%
D5640	Replace missing or broken teeth - partial denture - per tooth	100%
D5650	Add tooth to existing partial denture - per tooth	100%
D5660	Add clasp to existing partial denture - per tooth	100%
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	100%
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	100%
D5710	Rebase complete maxillary	100%
D5711	Rebase complete mandibular denture	100%
D5720	Rebase maxillary partial denture	100%
D5721	Rebase mandibular partial denture	100%
D5725	Rebase hybrid prosthesis	100%
D5730	Reline complete maxillary (direct)	100%
D5731	Reline complete mandibular denture (direct)	100%
D5740	Reline maxillary partial denture (direct)	100%
D5741	Reline mandibular partial denture (direct)	100%
D5750	Reline complete maxillary denture (indirect)	100%
D5751	Reline complete mandibular denture (indirect)	100%
D5760	Reline maxillary partial denture (indirect)	100%
D5761	Reline mandibular partial denture (indirect)	100%
D5765	Soft liner for complete or partial removable denture (indirect)	100%
D5810	Interim complete denture (maxillary)	100%
D5811	Interim complete denture (mandibular)	100%
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	100%
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	100%
D5850	Tissue conditioning, maxillary	100%
D5851	Tissue conditioning, mandibular	100%
D5862	Precision attachment, by report	100%
D5863	Overdenture - complete maxillary	100%
D5864	Overdenture - partial maxillary	100%
D5865	Overdenture - complete mandibular	100%
D5866	Overdenture - partial mandibular	100%
D5867	Replacement of semi-precision or precision attachment (male or female component)	100%
D5876	Add metal substructure to acrylic full denture (per arch)	100%
D5991	Vesiculobullous disease medicament carrier	100%
D5992	Adjustment maxillofacial prosthetic appliance	100%
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report	100%
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	100%
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular	100%
D6205	Pontic -indirect resin based composite	100%
D6210	Pontic - indirectly fabricated high noble metal	100%
D6211	Pontic - indirectly fabricated predominantly base metal	100%
D6212	Pontic - indirectly fabricated noble metal	100%
D6214	Pontic - titanium or titanium alloys	100%
D6240	Pontic - porcelain fused to high noble metal	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D6241	Pontic - porcelain fused to predominantly base metal	100%
D6242	Pontic - porcelain fused to noble metal	100%
D6243	Pontic - porcelain fused to titanium or titanium alloys	100%
D6245	Pontic - porcelain/ ceramic	100%
D6250	Pontic - resin with high noble metal	100%
D6251	Pontic - resin with predominantly base metal	100%
D6252	Pontic - resin with noble metal	100%
D6253	Provisional Pontic	100%
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	100%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	100%
D6549	Resin retainer - for resin bonded fixed prosthesis	100%
D6600	Retainer inlay - porcelain/ceramic, two surfaces	100%
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	100%
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces	100%
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces	100%
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces	100%
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces	100%
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces	100%
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces	100%
D6608	Retainer onlay - porcelain/ceramic, two surfaces	100%
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces	100%
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces	100%
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces	100%
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces	100%
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces	100%
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces	100%
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces	100%
D6624	Retainer inlay - titanium	100%
D6634	Retainer onlay - titanium	100%
D6710	Retainer crown - indirect resin based composite	100%
D6720	Retainer crown - resin fused to high noble metal	100%
D6721	Retainer crown - resin with predominantly base metal	100%
D6722	Retainer crown - resin with noble metal	100%
D6740	Retainer crown - porcelain/ceramic	100%
D6750	Retainer crown - porcelain fused to high noble metal	100%
D6751	Retainer crown - porcelain fused to predominantly base metal	100%
D6752	Retainer crown - porcelain fused to noble metal	100%
D6753	Retainer crown - porcelain fused to titanium or titanium alloys	100%
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal	100%
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal	100%
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal	100%
D6783	Retainer crown - 3/4 porcelain/ceramic	100%
D6784	Retainer crown ¾ - titanium and titanium alloys	100%
D6790	Retainer crown - full - indirectly fabricated high noble metal	100%
D6791	Retainer crown - full - indirectly fabricated predominantly base metal	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D6792	Retainer crown - full - indirectly fabricated noble metal	100%
D6793	Provisional retainer crown	100%
D6794	Retainer crown - titanium or titanium alloys	100%
D6920	Connector bar	100%
D6930	Recement or rebond fixed partial denture	100%
D6940	Stress breaker	100%
D6950	Precision attachment	100%
D6980	Fixed partial denture repair, repair necessitated by restorative material failure	100%
D6985	Pediatric partial denture, fixed	100%
D7111	Extraction, coronal remnants - primary tooth	100%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	100%
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	100%
D7220	Removal of impacted tooth - soft tissue	100%
D7230	Removal of impacted tooth - partially bony	100%
D7240	Removal of impacted - completely bony	100%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	100%
D7250	Removal of residual tooth roots (cutting procedure)	100%
D7251	Coronectomy - intentional partial tooth removal	100%
D7260	Oroantral fistula closure	100%
D7261	Primary closure of a sinus perforation	100%
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)	100%
D7280	Exposure of an unerupted tooth	100%
D7282	Mobilization of erupted or malpositioned tooth	100%
D7283	Placement of device to facilitate eruption of impacted tooth	100%
D7290	Surgical repositioning of teeth	100%
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report	100%
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	100%
D7293	Placement of temporary anchorage device requiring flap; includes device removal	100%
D7294	Placement of temporary anchorage device without flap; includes device removal	100%
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap	100%
D7299	Removal of temporary anchorage device requiring flap	100%
D7300	Removal of temporary anchorage device without flap	100%
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	100%
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	100%
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant	100%
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	100%
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	100%
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	100%
D7471	Removal of lateral exostosis	100%
D7472	Removal of torus palatinus	100%
D7473	Removal of torus mandibularis	100%
D7485	Reduction of osseous tuberosity	100%
D7921	Collection and application of autologous blood concentrate product	100%
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	100%
D7953	Bone replacement graft for ridge preservation - per site	100%
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	100%
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	100%
D7961	Buccal/labial frenectomy (frenulectomy)	100%
D7962	Lingual frenectomy (frenulectomy)	100%
D7963	Frenuloplasty	100%
D7970	Excision of hyperplastic tissue - per arch	100%
D7971	Excision of pericoronal gingiva	100%
D7972	Surgical reduction of fibrous tuberosity	100%
D7979	Non - surgical sialolithotomy	100%
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	100%
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%
D9120	Fixed partial denture sectioning	100%
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	100%
D9210	Local anesthesia not in conjunction with operative or surgical procedures	100%
D9211	Regional block anesthesia	100%
D9212	Trigeminal division block anesthesia	100%
D9215	Local anesthesia in conjunction with operative or surgical procedures	100%
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	100%
D9222	Deep sedation/general anesthesia - first 15 minute increment	100%
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	100%
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	100%
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	100%
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	100%
D9248	Non-intravenous (conscious) sedation	100%
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	100%
D9311	Consultation with medical health care professional	100%
D9410	House/extended care facility call	100%
D9420	Hospital or ambulatory surgical center call	100%
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	100%
D9440	Office visit - after regularly scheduled hours	100%
D9450	Case presentation, detailed and extensive treatment planning	100%
D9610	Therapeutic drug injection, by report	100%
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	100%
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	100%
D9630	Drugs or medicaments dispensed in the office for home use, by report	100%
D9910	Application of desensitizing medicaments	100%
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	100%
D9912	Pre-visit patient screening	100%
D9920	Behavior management, by report	100%
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report	100%
D9932	Cleaning and inspection of removable complete denture, maxillary	100%
D9933	Cleaning and inspection of removable complete denture, mandibular	100%
D9934	Cleaning and inspection of removable partial denture, maxillary	100%



## Broad Coverage EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
D9935	Cleaning and inspection of removable partial denture, mandibular	100%
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	100%
D9939	Placement of a custom removable plastic temporary aesthetic appliance	100%
D9941	Fabrication of athletic mouthguard	100%
D9942	Repair and/or relines of an occlusal guard	100%
D9943	Occlusal guard adjustment	100%
D9944	Occlusal guard - hard appliance, full arch	100%
D9945	Occlusal guard - soft appliance, full arch	100%
D9946	Occlusal guard - hard appliance, partial arch	100%
D9947	Custom sleep apnea appliance fabrication and placement	100%
D9948	Adjustment of custom sleep apnea appliance	100%
D9949	Repair of custom sleep apnea appliance	100%
D9950	Occlusion analysis - mounted case, including all related procedures	100%
D9951	Occlusal adjustment - limited	100%
D9952	Occlusal adjustment - complete	100%
D9953	Relines custom sleep apnea appliance (indirect)	100%
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	100%
D9955	Oral appliance therapy (OAT) titration visit	100%
D9970	Enamel microabrasion	100%
D9971	Odontoplasty per tooth	100%
D9992	Dental case management - care coordination	100%
D9993	Dental case management - motivational interviewing	100%
D9994	Dental case management - patient education to improve oral health literacy	100%
D9995	Teledentistry - synchronous; real-time encounter	100%
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	100%
D9997	Dental case management - patients with special health care needs	100%

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.



## Broad Coverage EPO Mandatory (continued)

### Medical Necessity

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### Choice EPO POS 100/100, Choice PPO 100/100

These Aetna Dental Medicare plans offer in and out of network coverage for both preventive and comprehensive services.

For this plan:

- Preventive and Comprehensive services are covered at 100% in network and out of network
- Annual maximum applies to all services
- Annual maximum varies by contract
- Frequency limitations may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum			
D0120	Periodic oral evaluation - established patient	100%	100%
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)		
D0171	Re-evaluation - post- operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intra-oral complete series of radiographic images		
D0220	Intraoral - periapical-first radiographic image		
D0230	Intraoral- periapical each additional radiographic image		
D0240	Intraoral-occlusal radiographic image		
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewings-single radiographic images		
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		
D0277	Vertical Bitewings - 7 to 8 radiographic images		
D0310	Sialography		



### Choice EPO POS 100/100, Choice PPO 100/100 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0320	Temporomandibular arthrogram including injection		
D0321	Other TMJ radiographies images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium		
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0369	Maxillofacial MRI capture and interpretation		
D0370	Maxillofacial ultrasound, capture and interpretation		
D0371	Sialoendoscopy -capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw		
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible		
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium		
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	100%	100%
D0384	Cone beam CT capture image for TMJ series including two or more exposures		
D0385	Maxillofacial MRI image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Treatment simulation using 3-D image volume		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3-D image volumes of the same modality		
D0396	3D Printing of a 3D surface scan		
D0411	HbA1c in-office point of service testing		
D0412	Blood glucose level test: in office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		
D0418	Analysis of saliva sample		
D0419	Assessment of salivary flow by measurement		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases - specimen analysis		

**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0425	Caries susceptibility tests	100%	100%
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures		
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen includes coronavirus		
D0605	Antibody testing for a public health related pathogen includes coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- complete series of radiographic images - image capture only		
D0801	3D intraoral surface scan - direct		
D0802	3D dental surface scan - indirect		
D0803	3D facial surface scan - direct		
D0804	3D facial surface scan - indirect		

**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Preventive - as needed, subject to annual maximum			
D1110	Prophylaxis-adult	100%	100%
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth		
D1353	Sealant repair per tooth		
D1354	Interim caries arresting medicament application - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed - unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable - unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer- per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant		
Restorative - as needed, subject to annual maximum			
D2140	Amalgam - one surface, primary or permanent	100%	100%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
D2410	Gold foil - one surface		
D2420	Gold foil - two surfaces		
D2430	Gold foil - three surfaces		

**Choice EPO POS 100/100, Choice PPO 100/100** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative - as needed, subject to annual maximum (continued)			
D2510	Inlay - metallic - one surface	100%	100%
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
D2610	Inlay - porcelain/ceramic - one surface		
D2620	Inlay - porcelain/ceramic - two surfaces		
D2630	Inlay - porcelain/ceramic - three or more surfaces		
D2642	Onlay - porcelain/ceramic - two surfaces		
D2643	Onlay - porcelain/ceramic - three surfaces		
D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
D2662	Onlay - resin-based composite - two surfaces		
D2663	Onlay - resin-based composite - three surfaces		
D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
D2712	Crown - ¾ resin-based composite (indirect)		
D2720	Crown - resin with high noble metal		
D2721	Crown - resin with predominantly base metal		
D2722	Crown - resin with noble metal		
D2740	Crown - porcelain/ceramic		
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium or titanium alloy		
D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
D2783	Crown - ¾ porcelain/ ceramic		
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2794	Crown - titanium/titanium alloy		
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Recement or rebond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		

### Choice EPO POS 100/100, Choice PPO 100/100 (continued)

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Restorative - as needed, subject to annual maximum (continued)					
D2931	Prefabricated stainless steel crown - permanent tooth	100%	100%		
D2932	Prefabricated resin crown				
D2933	Prefabricated stainless steel crown with resin window				
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth				
D2940	Protective restoration				
D2949	Restorative foundation for an indirect restoration				
D2950	Core buildup, including any pins when required				
D2951	Pin retention - per tooth, in addition to restoration				
D2952	Indirectly fabricated post and core in addition to crown				
D2953	Each additional indirectly fabricated post - same tooth				
D2954	Prefabricated post and core in addition to crown				
D2955	Post removal				
D2956	Removal of an indirect restoration on a natural tooth				
D2957	Each additional prefabricated post in the same tooth				
D2960	Labial veneer (resin laminate) - direct				
D2961	Labial veneer (resin laminate) - indirect				
D2962	Labial veneer (porcelain laminate) - indirect				
D2971	Additional procedures to construct new crown under existing partial denture framework				
D2975	Coping				
D2976	Band stabilization - per tooth				
D2980	Crown repair, necessitated by restorative material failure				
D2981	Inlay repair, necessitated by restorative material failure				
D2982	Onlay repair, necessitated by restorative material failure				
D2983	Veneer repair, necessitated by restorative material failure				
D2989	Excavation of a tooth resulting in the determination of non-restorability				
D2990	Resin infiltration of incipient smooth surface lesions				
D2991	Application of hydroxyapatite regeneration medicament - per tooth				
Endodontics - as needed, subject to annual maximum					
D3110	Pulp cap - direct (excluding final restoration)			100%	100%
D3120	Pulp cap - indirect (excluding final restoration)				
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament				
D3221	Pulpal debridement, primary and permanent teeth				
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development				
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)				
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)				
D3320	Endodontic therapy, premolar tooth (excluding final restoration)				
D3330	Endodontic therapy, molar tooth(excluding final restoration)				
D3331	Treatment of root canal obstruction, non-surgical access				
D3332	Incomplete endodontic therapy; inoperable or fractured tooth				
D3333	Internal root repair of perforation defects				
D3346	Retreatment of previous root canal therapy - anterior				
D3347	Retreatment of previous root canal therapy - premolar				
D3348	Retreatment of previous root canal therapy - molar				

**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Endodontics - as needed, subject to annual maximum (continued)					
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	100%	100%		
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)				
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)				
D3355	Pulpal regeneration - initial visit				
D3356	Pulpal regeneration-interim medication replacement				
D3357	Pulpal regeneration - completion of treatment				
D3410	Apicoectomy - anterior				
D3421	Apicoectomy - premolar (first root)				
D3425	Apicoectomy - molar (first root)				
D3426	Apicoectomy (each additional root)				
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site				
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.				
D3430	Retrograde filling - per root				
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery				
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery				
D3450	Root amputation - per root				
D3470	Intentional reimplantation (including necessary splinting)				
D3471	Surgical repair of root resorption - anterior				
D3472	Surgical repair of root resorption - premolar				
D3473	Surgical repair of root resorption - molar				
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior				
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar				
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar				
D3910	Surgical procedure for isolation of tooth with rubber dam				
D3920	Hemisection (including any root removal), not including root canal therapy				
D3921	Decoronation or submergence of an erupted tooth				
D3950	Canal preparation and fitting of preformed dowel or post				
Periodontics - as needed, subject to annual maximum					
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant			100%	100%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant				
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth				
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant				
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant				
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant				
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant				
D4245	Apically positioned flap				
D4249	Clinical crown lengthening - hard tissue				
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant				

**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Periodontics - as needed, subject to annual maximum (continued)			
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	100%	100%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and double pedicle graft		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit		
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)		
D4921	Gingival irrigation - per quadrant		
Removable Prosthodontics - as needed, subject to annual maximum			
D5110	Complete denture, maxillary	100%	100%
D5120	Complete denture, mandibular		
D5130	Immediate denture, maxillary		
D5140	Immediate denture, mandibular		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)		
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		

**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary	100%	100%
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		



**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5741	Reline mandibular partial denture (direct)	100%	100%
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture (indirect)		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary		
D5864	Overdenture - partial maxillary		
D5865	Overdenture - complete mandibular		
D5866	Overdenture - partial mandibular		
D5867	Replacement of semi-precision or precision attachment (male or female component)		
D5876	Add metal substructure to acrylic full denture (per arch)		
Maxillofacial Prosthetics - as needed, subject to annual maximum			
D5991	Vesiculobullous disease medicament carrier	100%	100%
D5992	Adjustment maxillofacial prosthetic appliance		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular		
Fixed Prosthodontics - as needed, subject to annual maximum			
D6205	Pontic -indirect resin based composite	100%	100%
D6210	Pontic - indirectly fabricated high noble metal		
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
D6214	Pontic - titanium or titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium or titanium alloys		
D6245	Pontic - porcelain/ ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Provisional Pontic		
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		

**Choice EPO POS 100/100, Choice PPO 100/100** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Fixed Prosthodontics - as needed, subject to annual maximum (continued)			
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	100%	100%
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces		
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces		
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces		
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces		
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces		
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces		
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces		
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces		
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces		
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite		
D6720	Retainer crown - resin fused to high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown <sup>3/4</sup> - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
D6793	Provisional retainer crown		
D6794	Retainer crown - titanium or titanium alloys		
D6920	Connector bar		
D6930	Recement or rebond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		

**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Extractions - one per tooth per lifetime, subject to annual maximum			
D7111	Extraction, coronal remnants - primary tooth	100%	100%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)		
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum			
D7251	Coronectomy - intentional partial tooth removal	100%	100%
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report		
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		
D7293	Placement of temporary anchorage device requiring flap; includes device removal		
D7294	Placement of temporary anchorage device without flap; includes device removal		
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap		
D7299	Removal of temporary anchorage device requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal/labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		

**Choice EPO POS 100/100, Choice PPO 100/100 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum (continued)			
D7963	Frenuloplasty	100%	100%
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
Adjunctive General Services - as needed, subject to annual maximum			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%	100%
D9120	Fixed partial denture sectioning		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Deep sedation/general anesthesia - first 15 minute increment		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		
D9248	Non-intravenous (conscious) sedation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		
D9311	Consultation with medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, detailed and extensive treatment planning		
D9610	Therapeutic drug injection, by report		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites		
D9630	Drugs or medicaments dispensed in the office for home use, by report		
D9910	Application of desensitizing medicaments		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		

### Choice EPO POS 100/100, Choice PPO 100/100 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum (continued)			
D9942	Repair and/or reline of an occlusal guard	100%	100%
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		
D9946	Oocclusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case, including all related procedures		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device		
D9955	Oral appliance therapy (OAT) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty per tooth		
D9992	Dental case management - care coordination		
D9993	Dental case management - motivational interviewing		
D9994	Dental case management - patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

**\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna**

### Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Schedule of Benefits. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

**Choice EPO POS 100/100, Choice PPO 100/100** (continued)**Medical Necessity**

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

**Pretreatment Estimates**

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may pay for proposed services. The estimate is not a guarantee of coverage and payment. An estimate is recommended whenever a course of dental treatment is likely to cost more than \$350.



## Aetna Medicare Advantage



### Choice EPO POS 100/80, Choice PPO 100/80

These Aetna Dental Medicare plans offer in and out of network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Covered services performed by out of network Provider are reimbursed at 80%
- Annual maximum applies to all services
- Annual maximum varies by contract
- Frequency limitations may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum			
D0120	Periodic oral evaluation - established patient	100%	80%
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)		
D0171	Re-evaluation - post- operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intra-oral complete series of radiographic images		
D0220	Intraoral - periapical-first radiographic image		
D0230	Intraoral- periapical each additional radiographic image		
D0240	Intraoral-occlusal radiographic image		
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewings-single radiographic images		
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		

**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0277	Vertical Bitewings - 7 to 8 radiographic images		
D0310	Sialography		
D0320	Temporomandibular arthrogram including injection		
D0321	Other TMJ radiographies images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium		
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0369	Maxillofacial MRI capture and interpretation		
D0370	Maxillofacial ultrasound, capture and interpretation		
D0371	Sialoendoscopy -capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw		
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible		
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium	100%	80%
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium		
D0384	Cone beam CT capture image for TMJ series including two or more exposures		
D0385	Maxillofacial MRI image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Treatment simulation using 3-D image volume		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3-D image volumes of the same modality		
D0396	3D Printing of a 3D surface scan		
D0411	HbA1c in-office point of service testing		
D0412	Blood glucose level test: in office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		
D0418	Analysis of saliva sample		
D0419	Assessment of salivary flow by measurement		



### Choice EPO POS 100/80, Choice PPO 100/80 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	100%	80%
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures		
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen includes coronavirus		
D0605	Antibody testing for a public health related pathogen includes coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- complete series of radiographic images - image capture only		
D0801	3D intraoral surface scan - direct		
D0802	3D dental surface scan - indirect		
D0803	3D facial surface scan - direct		
D0804	3D facial surface scan - indirect		

**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Preventive - as needed, subject to annual maximum			
D1110	Prophylaxis-adult	100%	80%
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth		
D1353	Sealant repair per tooth		
D1354	Interim caries arresting medicament application - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed - unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable - unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer- per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant		
Restorative - as needed, subject to annual maximum			
D2140	Amalgam - one surface, primary or permanent	100%	80%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
D2410	Gold foil - one surface		
D2420	Gold foil - two surfaces		



**Choice EPO POS 100/80, Choice PPO 100/80** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative - as needed, subject to annual maximum (continued)			
D2430	Gold foil - three surfaces		
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
D2610	Inlay - porcelain/ceramic - one surface		
D2620	Inlay - porcelain/ceramic - two surfaces		
D2630	Inlay - porcelain/ceramic - three or more surfaces		
D2642	Onlay - porcelain/ceramic - two surfaces		
D2643	Onlay - porcelain/ceramic - three surfaces		
D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
D2662	Onlay - resin-based composite - two surfaces		
D2663	Onlay - resin-based composite - three surfaces		
D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
D2712	Crown - ¾ resin-based composite (indirect)		
D2720	Crown - resin with high noble metal		
D2721	Crown - resin with predominantly base metal	100%	80%
D2722	Crown - resin with noble metal		
D2740	Crown - porcelain/ceramic		
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium or titanium alloy		
D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
D2783	Crown - ¾ porcelain/ ceramic		
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2794	Crown - titanium/titanium alloy		
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Recement or rebond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		

**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Restorative - as needed, subject to annual maximum (continued)					
D2931	Prefabricated stainless steel crown - permanent tooth	100%	80%		
D2932	Prefabricated resin crown				
D2933	Prefabricated stainless steel crown with resin window				
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth				
D2940	Protective restoration				
D2949	Restorative foundation for an indirect restoration				
D2950	Core buildup, including any pins when required				
D2951	Pin retention - per tooth, in addition to restoration				
D2952	Indirectly fabricated post and core in addition to crown				
D2953	Each additional indirectly fabricated post - same tooth				
D2954	Prefabricated post and core in addition to crown				
D2955	Post removal				
D2956	Removal of an indirect restoration on a natural tooth				
D2957	Each additional prefabricated post in the same tooth				
D2960	Labial veneer (resin laminate) - direct				
D2961	Labial veneer (resin laminate) - indirect				
D2962	Labial veneer (porcelain laminate) - indirect				
D2971	Additional procedures to construct new crown under existing partial denture framework				
D2975	Coping				
D2976	Band stabilization - per tooth				
D2980	Crown repair, necessitated by restorative material failure				
D2981	Inlay repair, necessitated by restorative material failure				
D2982	Onlay repair, necessitated by restorative material failure				
D2983	Veneer repair, necessitated by restorative material failure				
D2989	Excavation of a tooth resulting in the determination of non-restorability				
D2990	Resin infiltration of incipient smooth surface lesions				
D2991	Application of hydroxyapatite regeneration medicament - per tooth				
Endodontics - as needed, subject to annual maximum					
D3110	Pulp cap - direct (excluding final restoration)			100%	80%
D3120	Pulp cap - indirect (excluding final restoration)				
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament				
D3221	Pulpal debridement, primary and permanent teeth				
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development				
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)				
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)				
D3320	Endodontic therapy, premolar tooth (excluding final restoration)				
D3330	Endodontic therapy, molar tooth(excluding final restoration)				
D3331	Treatment of root canal obstruction, non-surgical access				
D3332	Incomplete endodontic therapy; inoperable or fractured tooth				
D3333	Internal root repair of perforation defects				
D3346	Retreatment of previous root canal therapy - anterior				
D3347	Retreatment of previous root canal therapy - premolar				



**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Endodontics - as needed, subject to annual maximum (continued)			
D3348	Retreatment of previous root canal therapy - molar	100%	80%
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration-interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional reimplantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
Periodontics - as needed, subject to annual maximum			
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant	100%	80%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant		
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant		

**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Periodontics - as needed, subject to annual maximum (continued)			
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	100%	80%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - non-resorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and double pedicle graft		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit		
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)		
D4921	Gingival irrigation - per quadrant		
Removable Prosthodontics - as needed, subject to annual maximum			
D5110	Complete denture, maxillary	100%	80%
D5120	Complete denture, mandibular		
D5130	Immediate denture, maxillary		
D5140	Immediate denture, mandibular		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)		
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		

**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular	100%	80%
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		

**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5751	Reline complete mandibular denture (indirect)	100%	80%
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture (indirect)		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary		
D5864	Overdenture - partial maxillary		
D5865	Overdenture - complete mandibular		
D5866	Overdenture - partial mandibular		
D5867	Replacement of semi-precision or precision attachment (male or female component)		
D5876	Add metal substructure to acrylic full denture (per arch)		
Maxillofacial Prosthetics - as needed, subject to annual maximum			
D5991	Vesiculobullous disease medicament carrier	100%	80%
D5992	Adjustment maxillofacial prosthetic appliance		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular		
Fixed Prosthodontics - as needed, subject to annual maximum			
D6205	Pontic -indirect resin based composite	100%	80%
D6210	Pontic - indirectly fabricated high noble metal		
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
D6214	Pontic - titanium or titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium or titanium alloys		
D6245	Pontic - porcelain/ ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Provisional Pontic		
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces		





**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Fixed Prosthodontics - as needed, subject to annual maximum (continued)			
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces	100%	80%
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces		
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces		
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces		
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces		
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces		
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces		
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces		
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces		
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite		
D6720	Retainer crown - resin fused to high noble metal		
D6721	Retainer crown - resin with predominantly base metal		
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown 3/4 - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
D6793	Provisional retainer crown		
D6794	Retainer crown - titanium or titanium alloys		
D6920	Connector bar		
D6930	Recement or rebond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
Extractions - one per tooth per lifetime, subject to annual maximum			
D7111	Extraction, coronal remnants - primary tooth	100%	80%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)		

**Choice EPO POS 100/80, Choice PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Extractions - one per tooth per lifetime, subject to annual maximum (continued)			
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	100%	80%
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum			
D7251	Coronectomy - intentional partial tooth removal	100%	80%
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report		
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		
D7293	Placement of temporary anchorage device requiring flap; includes device removal		
D7294	Placement of temporary anchorage device without flap; includes device removal		
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap		
D7299	Removal of temporary anchorage device requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal/labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		

### Choice EPO POS 100/80, Choice PPO 100/80 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum (continued)			
D7971	Excision of pericoronal gingiva	100%	80%
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
Adjunctive General Services - as needed, subject to annual maximum			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%	80%
D9120	Fixed partial denture sectioning		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Deep sedation/general anesthesia - first 15 minute increment		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		
D9248	Non-intravenous (conscious) sedation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		
D9311	Consultation with medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, detailed and extensive treatment planning		
D9610	Therapeutic drug injection, by report		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites		
D9630	Drugs or medicaments dispensed in the office for home use, by report		
D9910	Application of desensitizing medicaments		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of an occlusal guard		
D9943	Occlusal guard adjustment		

## Choice EPO POS 100/80, Choice PPO 100/80 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum (continued)			
D9944	Occlusal guard - hard appliance, full arch	100%	80%
D9945	Occlusal guard - soft appliance, full arch		
D9946	Oocclusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case, including all related procedures		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device		
D9955	Oral appliance therapy (OAT) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty per tooth		
D9992	Dental case management - care coordination		
D9993	Dental case management - motivational interviewing		
D9994	Dental case management - patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

**\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna**

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.



**Choice EPO POS 100/80, Choice PPO 100/80** (continued)**Medical Necessity**

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

**Pretreatment Estimates**

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage

### Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50

These Aetna Dental Medicare plans offer in and out of network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Covered services performed by out of network Providers are reimbursed at 50%
- Annual maximum varies by contract
- Annual maximum applies to all services
- Frequency limitations may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum			
D0120	Periodic oral evaluation - established patient	100%	50%
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)		
D0171	Re-evaluation - post- operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intra-oral complete series of radiographic images		
D0220	Intraoral - periapical-first radiographic image		
D0230	Intraoral- periapical each additional radiographic image		
D0240	Intraoral-occlusal radiographic image		
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewings-single radiographic images		
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		
D0277	Vertical Bitewings - 7 to 8 radiographic images		
D0310	Sialography		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0320	Temporomandibular arthrogram including injection		
D0321	Other TMJ radiographies images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium		
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0369	Maxillofacial MRI capture and interpretation		
D0370	Maxillofacial ultrasound, capture and interpretation		
D0371	Sialoendoscopy -capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw		
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible		
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium		
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	100%	50%
D0384	Cone beam CT capture image for TMJ series including two or more exposures		
D0385	Maxillofacial MRI image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Treatment simulation using 3-D image volume		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3-D image volumes of the same modality		
D0396	3D Printing of a 3D surface scan		
D0411	HbA1c in-office point of service testing		
D0412	Blood glucose level test: in office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		
D0418	Analysis of saliva sample		
D0419	Assessment of salivary flow by measurement		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases - specimen analysis		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0425	Caries susceptibility tests	100%	50%
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures		
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen includes coronavirus		
D0605	Antibody testing for a public health related pathogen includes coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- complete series of radiographic images - image capture only		
D0801	3D intraoral surface scan - direct		
D0802	3D dental surface scan - indirect		
D0803	3D facial surface scan - direct		
D0804	3D facial surface scan - indirect		



**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Preventive - as needed, subject to annual maximum			
D1110	Prophylaxis-adult	100%	50%
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth		
D1353	Sealant repair per tooth		
D1354	Interim caries arresting medicament application - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed - unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable - unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer- per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant		
Restorative - as needed, subject to annual maximum			
D2140	Amalgam - one surface, primary or permanent	100%	50%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
D2410	Gold foil - one surface		
D2420	Gold foil - two surfaces		



**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative - as needed, subject to annual maximum (continued)			
D2430	Gold foil - three surfaces		
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
D2610	Inlay - porcelain/ceramic - one surface		
D2620	Inlay - porcelain/ceramic - two surfaces		
D2630	Inlay - porcelain/ceramic - three or more surfaces		
D2642	Onlay - porcelain/ceramic - two surfaces		
D2643	Onlay - porcelain/ceramic - three surfaces		
D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
D2662	Onlay - resin-based composite - two surfaces		
D2663	Onlay - resin-based composite - three surfaces		
D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
D2712	Crown - ¾ resin-based composite (indirect)		
D2720	Crown - resin with high noble metal	100%	50%
D2721	Crown - resin with predominantly base metal		
D2722	Crown - resin with noble metal		
D2740	Crown - porcelain/ceramic		
D2750	Crown - porcelain fused to high noble metal		
D2751	Crown - porcelain fused to predominantly base metal		
D2752	Crown - porcelain fused to noble metal		
D2753	Crown - porcelain fused to titanium or titanium alloy		
D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
D2783	Crown - ¾ porcelain/ ceramic		
D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
D2794	Crown - titanium/titanium alloy		
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Recement or rebond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		

### Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50 (continued)

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Restorative - as needed, subject to annual maximum (continued)					
D2929	Prefabricated porcelain/ceramic crown - primary tooth	100%	50%		
D2930	Prefabricated stainless steel crown - primary tooth				
D2931	Prefabricated stainless steel crown - permanent tooth				
D2932	Prefabricated resin crown				
D2933	Prefabricated stainless steel crown with resin window				
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth				
D2940	Protective restoration				
D2949	Restorative foundation for an indirect restoration				
D2950	Core buildup, including any pins when required				
D2951	Pin retention - per tooth, in addition to restoration				
D2952	Indirectly fabricated post and core in addition to crown				
D2953	Each additional indirectly fabricated post - same tooth				
D2954	Prefabricated post and core in addition to crown				
D2955	Post removal				
D2956	Removal of an indirect restoration on a natural tooth				
D2957	Each additional prefabricated post in the same tooth				
D2960	Labial veneer (resin laminate) - direct				
D2961	Labial veneer (resin laminate) - indirect				
D2962	Labial veneer (porcelain laminate) - indirect				
D2971	Additional procedures to construct new crown under existing partial denture framework				
D2975	Coping				
D2976	Band stabilization - per tooth				
D2980	Crown repair, necessitated by restorative material failure				
D2981	Inlay repair, necessitated by restorative material failure				
D2982	Onlay repair, necessitated by restorative material failure				
D2983	Veneer repair, necessitated by restorative material failure				
D2989	Excavation of a tooth resulting in the determination of non-restorability				
D2990	Resin infiltration of incipient smooth surface lesions				
D2991	Application of hydroxyapatite regeneration medicament - per tooth				
Endodontics - as needed, subject to annual maximum					
D3110	Pulp cap - direct (excluding final restoration)			100%	50%
D3120	Pulp cap - indirect (excluding final restoration)				
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament				
D3221	Pulpal debridement, primary and permanent teeth				
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development				
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)				
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)				
D3320	Endodontic therapy, premolar tooth (excluding final restoration)				
D3330	Endodontic therapy, molar tooth(excluding final restoration)				
D3331	Treatment of root canal obstruction, non-surgical access				
D3332	Incomplete endodontic therapy; inoperable or fractured tooth				
D3333	Internal root repair of perforation defects				

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Endodontics - as needed, subject to annual maximum (continued)			
D3346	Retreatment of previous root canal therapy - anterior	100%	50%
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration-interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional reimplantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
Periodontics - as needed, subject to annual maximum			
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant	100%	50%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant		
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Periodontics - as needed, subject to annual maximum (continued)			
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant	100%	50%
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and double pedicle graft		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit		
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)		
D4921	Gingival irrigation - per quadrant		
Removable Prosthodontics - as needed, subject to annual maximum			
D5110	Complete denture, maxillary	100%	50%
D5120	Complete denture, mandibular		
D5130	Immediate denture, maxillary		
D5140	Immediate denture, mandibular		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)		
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary	100%	50%
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary (direct)		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5731	Reline complete mandibular denture (direct)	100%	50%
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture (indirect)		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5863	Overdenture - complete maxillary		
D5864	Overdenture - partial maxillary		
D5865	Overdenture - complete mandibular		
D5866	Overdenture - partial mandibular		
D5867	Replacement of semi-precision or precision attachment (male or female component)		
D5876	Add metal substructure to acrylic full denture (per arch)		
Maxillofacial Prosthetics - as needed, subject to annual maximum			
D5991	Vesiculobullous disease medicament carrier	100%	50%
D5992	Adjustment maxillofacial prosthetic appliance		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular		
Fixed Prosthodontics - as needed, subject to annual maximum			
D6205	Pontic -indirect resin based composite	100%	50%
D6210	Pontic - indirectly fabricated high noble metal		
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
D6214	Pontic - titanium or titanium alloys		
D6240	Pontic - porcelain fused to high noble metal		
D6241	Pontic - porcelain fused to predominantly base metal		
D6242	Pontic - porcelain fused to noble metal		
D6243	Pontic - porcelain fused to titanium or titanium alloys		
D6245	Pontic - porcelain/ ceramic		
D6250	Pontic - resin with high noble metal		
D6251	Pontic - resin with predominantly base metal		
D6252	Pontic - resin with noble metal		
D6253	Provisional Pontic		
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Fixed Prosthodontics - as needed, subject to annual maximum (continued)			
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces		
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces		
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces		
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces		
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces		
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces		
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces		
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces		
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces		
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces		
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
D6710	Retainer crown - indirect resin based composite		
D6720	Retainer crown - resin fused to high noble metal		
D6721	Retainer crown - resin with predominantly base metal	100%	50%
D6722	Retainer crown - resin with noble metal		
D6740	Retainer crown - porcelain/ceramic		
D6750	Retainer crown - porcelain fused to high noble metal		
D6751	Retainer crown - porcelain fused to predominantly base metal		
D6752	Retainer crown - porcelain fused to noble metal		
D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal		
D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown <sup>3</sup> / <sub>4</sub> - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
D6793	Provisional retainer crown		
D6794	Retainer crown - titanium or titanium alloys		
D6920	Connector bar		
D6930	Recement or rebond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		



### Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Extractions - one per tooth per lifetime, subject to annual maximum			
D7111	Extraction, coronal remnants - primary tooth	100%	50%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)		
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum			
D7251	Coronectomy - intentional partial tooth removal	100%	50%
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/ or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report		
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		
D7293	Placement of temporary anchorage device requiring flap; includes device removal		
D7294	Placement of temporary anchorage device without flap; includes device removal		
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap		
D7299	Removal of temporary anchorage device requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal/labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum (continued)			
D7963	Frenuloplasty	100%	50%
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
Adjunctive General Services - as needed, subject to annual maximum			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%	50%
D9120	Fixed partial denture sectioning		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Deep sedation/general anesthesia - first 15 minute increment		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		
D9248	Non-intravenous (conscious) sedation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		
D9311	Consultation with medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, detailed and extensive treatment planning		
D9610	Therapeutic drug injection, by report		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites		
D9630	Drugs or medicaments dispensed in the office for home use, by report		
D9910	Application of desensitizing medicaments		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum (continued)			
D9942	Repair and/or reline of an occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		
D9946	Oocclusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case, including all related procedures		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device		
D9955	Oral appliance therapy (OAT) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty per tooth		
D9992	Dental case management - care coordination		
D9993	Dental case management - motivational interviewing		
D9994	Dental case management - patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter	100%	50%
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

**\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna**

**Limitations & Exclusions**

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

**Choice EPO POS 100/50, Choice PPO 100/50, Choice RPP0 100/50** (continued)**Medical Necessity**

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

**Pretreatment Estimates**

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### Deluxe EPO Combo, Deluxe EPO Mandatory

These Aetna Dental Medicare plans offer in and out of network coverage for both preventive and comprehensive services.

For this plan:

- Please refer to the plan coverage details below for in-network coverage % by service
- Annual maximum applies to comprehensive services only
- Annual maximum varies by contract
- Clinical claim review may be performed
- Frequency limitations may apply
- Alternate benefits may apply
- No out of network benefits available

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network
CDT Code	Description	
Exams - two procedures per calendar year		
D0120	Periodic oral evaluation - established patient	100%
D0150	Comprehensive oral evaluation - new or established patient	
Exams - two procedures per calendar year		
D0140	Limited oral evaluation - problem focused	100%
D0180	Comprehensive periodontal evaluation - new or established patient	
Full mouth series or Panoramic x-ray - one procedure every three years		
D0210	Intra-oral complete series of radiographic images	100%
D0330	Panoramic radiographic image	
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	
Periapical X-ray - as needed		
D0220	Intraoral - periapical-first radiographic image	100%
D0230	Intraoral- periapical each additional radiographic image	
D0374	Intraoral tomosynthesis - periapical radiographic image	
Bitewing X-ray - one procedure per calendar year		
D0270	Bitewings-single radiographic images	100%
D0272	Bitewings-two radiographic images	
D0273	Bitewings-three radiographic images	
D0274	Bitewings-four radiographic images	
D0373	Intraoral tomosynthesis - bitewing radiographic image	
Cleaning - two procedures per calendar year		
D1110	Prophylaxis-adult	100%

## Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Restorative - two procedures per tooth per calendar year, subject to annual maximum		
D2140	Amalgam - one surface, primary or permanent	80%
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces (anterior)	
D2390	Resin-based composite crown, anterior	
D2391	Resin-based composite - one surface, posterior	
D2392	Resin-based composite - two surfaces, posterior	
D2393	Resin-based composite - three surfaces, posterior	
D2394	Resin-based composite - four or more surfaces, posterior	
Crown - one per tooth per five years, subject to annual maximum		
*D2740	Crown - porcelain/ceramic	50%
*D2750	Crown - porcelain fused to high noble metal	
*D2751	Crown - porcelain fused to predominantly base metal	
*D2752	Crown - porcelain fused to noble metal	
*D2753	Crown - porcelain fused to titanium or titanium alloy	
*D2780	Crown - ¾ cast high noble metal	
D2781	Crown - ¾ cast predominantly base metal	
D2782	Crown - ¾ cast noble metal	
*D2783	Crown - ¾ porcelain/ ceramic	
*D2790	Crown - full cast high noble metal	
D2791	Crown - full cast predominantly base metal	
D2792	Crown - full cast noble metal	
Core buildup / Post and Cores - one per tooth per five years, subject to annual maximum		
D2950	Core buildup, including any pins when required	50%
D2952	Indirectly fabricated post and core in addition to crown	
D2953	Each additional indirectly fabricated post - same tooth	
D2954	Prefabricated post and core in addition to crown	
D2957	Each additional prefabricated post in the same tooth	
Recement - one per tooth per calendar year, subject to annual maximum		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	80%
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Recement or re-bond crown	
Crown repair - one per tooth per calendar year, subject to annual maximum		
D2980	Crown repair, necessitated by restorative material failure	50%
Root canal therapy - one per tooth per lifetime, subject to annual maximum		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	80%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Endodontic therapy, molar tooth(excluding final restoration)	

## Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Retreatment of root canal therapy - one per tooth per per lifetime, subject to annual maximum		
D3346	Retreatment of previous root canal therapy - anterior	80%
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	
Scaling and root planing - one per quadrant per two years, subject to annual maximum		
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	80%
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant	
Full mouth debridement - one per lifetime, subject to annual maximum		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	50%
Periodontal maintenance - two per calendar year, subject to annual maximum		
D4910	Periodontal maintenance	80%
Complete denture - one per arch per five years, subject to annual maximum		
D5110	Complete denture, maxillary	50%
D5120	Complete denture, mandibular	
D5130	Immediate denture, maxillary	
D5140	Immediate denture, mandibular	
Partial denture - one per arch per five years, subject to annual maximum		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)	50%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	
Denture adjustment, repair, or rebase - as needed, subject to annual maximum		
D5410	Adjust complete denture - maxillary	50%
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth - complete denture - per tooth	
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive clasping materials - per tooth	
D5640	Replace missing or broken teeth - partial denture - per tooth	

## Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Denture adjustment, repair, or rebase - as needed, subject to annual maximum (continued)		
D5650	Add tooth to existing partial denture - per tooth	50%
D5660	Add clasp to existing partial denture - per tooth	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5730	Reline complete maxillary (direct)	
D5731	Reline complete mandibular denture (direct)	
D5740	Reline maxillary partial denture (direct)	
D5741	Reline mandibular partial denture (direct)	
D5750	Reline complete maxillary denture (indirect)	
D5751	Reline complete mandibular denture (indirect)	
D5760	Reline maxillary partial denture (indirect)	
D5761	Reline mandibular partial denture (indirect)	
D5876	Add metal substructure to acrylic full denture (per arch)	
Bridge pontics - one per tooth per five years, subject to annual maximum		
D6210	Pontic - indirectly fabricated high noble metal	50%
D6211	Pontic - indirectly fabricated predominantly base metal	
D6212	Pontic - indirectly fabricated noble metal	
*D6240	Pontic - porcelain fused to high noble metal	
*D6241	Pontic - porcelain fused to predominantly base metal	
*D6242	Pontic - porcelain fused to noble metal	
*D6243	Pontic - porcelain fused to titanium or titanium alloys	
*D6245	Pontic - porcelain/ ceramic	
*D6250	Pontic - resin with high noble metal	
*D6251	Pontic - resin with predominantly base metal	
*D6252	Pontic - resin with noble metal	
Bridge retainers - one per tooth per five years, subject to annual maximum		
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	50%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	
*D6720	Retainer crown - resin fused to high noble metal	
*D6721	Retainer crown - resin with predominantly base metal	
*D6722	Retainer crown - resin with noble metal	
*D6740	Retainer crown - porcelain/ceramic	
*D6750	Retainer crown - porcelain fused to high noble metal	
*D6751	Retainer crown - porcelain fused to predominantly base metal	
*D6752	Retainer crown - porcelain fused to noble metal	
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys	
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal	
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal	
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal	
*D6783	Retainer crown - 3/4 porcelain/ceramic	





## Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Bridge retainers - one per tooth per five years, subject to annual maximum (continued)		
D6784	Retainer crown <sup>3</sup> / <sub>4</sub> - titanium and titanium alloys	50%
D6790	Retainer crown - full - indirectly fabricated high noble metal	
D6791	Retainer crown - full - indirectly fabricated predominantly base metal	
D6792	Retainer crown - full - indirectly fabricated noble metal	
Bridge repair - as needed, subject to annual maximum		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure	50%
Extraction - one per tooth per lifetime, subject to annual maximum		
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	80%
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	80%
D7220	Removal of impacted tooth - soft tissue	80%
D7230	Removal of impacted tooth - partially bony	50%
D7240	Removal of impacted - completely bony	50%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	50%
D7250	Removal of residual tooth roots (cutting procedure)	80%
Palliative treatment or pain control - as needed, subject to annual maximum		
D9110	Palliative (emergency) treatment of dental pain - minor procedures	80%
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	50%
Anesthesia - as needed, subject to annual maximum		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	50%
D9222	Deep sedation/general anesthesia - first 15 minute increment	
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	

\* Procedure may be subject to alternate benefits

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.



## Deluxe EPO Combo & Deluxe EPO Mandatory (continued)

### Medical Necessity

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### Alternate Benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

### Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage

### Deluxe PPO Mandatory, Deluxe EPO/POS Mandatory, Deluxe PPO Combo, Deluxe RPPO Combo

These Aetna Dental Medicare plans offer in and out of network coverage for both preventive and comprehensive services.

For this plan:

- Please refer to the plan coverage details below for in and out of network coverage % by service
- Annual maximum varies by contract
- Annual maximum applies to comprehensive services only
- Clinical claim review may be performed
- Frequency limitations may apply
- Alternate benefits may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Exams - two procedures per calendar year			
D0120	Periodic oral evaluation - established patient	100%	50%
D0150	Comprehensive oral evaluation - new or established patient		
Exams - two procedures per calendar year			
D0140	Limited oral evaluation - problem focused	100%	50%
D0180	Comprehensive periodontal evaluation - new or established patient		
Full mouth series or Panoramic x-ray - one procedure every three years			
D0210	Intra-oral complete series of radiographic images	100%	50%
D0330	Panoramic radiographic image		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
Periapical X-ray - as needed			
D0220	Intraoral - periapical-first radiographic image	100%	50%
D0230	Intraoral- periapical each additional radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
Bitewing X-ray - one procedure per calendar year			
D0270	Bitewings-single radiographic images	100%	50%
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
Cleaning - two procedures per calendar year			
D1110	Prophylaxis-adult	100%	50%

**Deluxe PPO Mandatory, Deluxe EPO/POS Mandatory, Deluxe PPO Combo, Deluxe RPO Combo (continued)**

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Restorative - two procedures per tooth per calendar year, subject to annual maximum					
D2140	Amalgam - one surface, primary or permanent	80%	50%		
D2150	Amalgam - two surfaces, primary or permanent				
D2160	Amalgam - three surfaces, primary or permanent				
D2161	Amalgam - four or more surfaces, primary or permanent				
D2330	Resin-based composite - one surface, anterior				
D2331	Resin-based composite - two surfaces, anterior				
D2332	Resin-based composite - three surfaces, anterior				
D2335	Resin-based composite - four or more surfaces (anterior)				
D2390	Resin-based composite crown, anterior				
D2391	Resin-based composite - one surface, posterior				
D2392	Resin-based composite - two surfaces, posterior				
D2393	Resin-based composite - three surfaces, posterior				
D2394	Resin-based composite - four or more surfaces, posterior				
Crown - one per tooth per five years, subject to annual maximum					
*D2740	Crown - porcelain/ceramic	50%	30%		
*D2750	Crown - porcelain fused to high noble metal				
*D2751	Crown - porcelain fused to predominantly base metal				
*D2752	Crown - porcelain fused to noble metal				
*D2753	Crown - porcelain fused to titanium or titanium alloy				
*D2780	Crown - ¾ cast high noble metal				
D2781	Crown - ¾ cast predominantly base metal				
D2782	Crown - ¾ cast noble metal				
*D2783	Crown - ¾ porcelain/ ceramic				
*D2790	Crown - full cast high noble metal				
D2791	Crown - full cast predominantly base metal				
D2792	Crown - full cast noble metal				
Core buildup / Post and Cores - one per tooth per five years, subject to annual maximum					
D2950	Core buildup, including any pins when required			50%	30%
D2952	Indirectly fabricated post and core in addition to crown				
D2953	Each additional indirectly fabricated post - same tooth				
D2954	Prefabricated post and core in addition to crown				
D2957	Each additional prefabricated post in the same tooth				
Recement - one per tooth per calendar year, subject to annual maximum					
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	80%	50%		
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core				
D2920	Recement or rebond crown				
Crown repair - one per tooth per calendar year, subject to annual maximum					
D2980	Crown repair, necessitated by restorative material failure	80%	50%		
Root canal therapy - one per tooth per lifetime, subject to annual maximum					
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	80%	50%		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)				
D3330	Endodontic therapy, molar tooth(excluding final restoration)				

**Deluxe PPO Mandatory, Deluxe EPO/POS Mandatory, Deluxe PPO Combo, Deluxe RPO Combo (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Retreatment of root canal therapy - one per tooth per per lifetime, subject to annual maximum			
D3346	Retreatment of previous root canal therapy - anterior	80%	50%
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		
Scaling and root planing - one per quadrant per two years, subject to annual maximum			
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	80%	50%
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant		
Full mouth debridement - one per lifetime, subject to annual maximum			
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	50%	30%
Periodontal maintenance - two per calendar year, subject to annual maximum			
D4910	Periodontal maintenance	80%	50%
Complete denture - one per arch per five years, subject to annual maximum			
D5110	Complete denture, maxillary	50%	30%
D5120	Complete denture, mandibular		
D5130	Immediate denture, maxillary		
D5140	Immediate denture, mandibular		
Partial denture - one per arch per five years, subject to annual maximum			
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)	50%	30%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		
Denture adjustment, repair, or rebase - as needed, subject to annual maximum			
D5410	Adjust complete denture - maxillary	50%	30%
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		

**Deluxe PPO Mandatory, Deluxe EPO/POS Mandatory, Deluxe PPO Combo, Deluxe RPPO Combo (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Denture adjustment, repair, or rebase - as needed, subject to annual maximum (continued)			
D5630	Repair or replace broken retentive clasping materials - per tooth	50%	30%
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5730	Reline complete maxillary (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5876	Add metal substructure to acrylic full denture (per arch)		
Bridge pontics - one per tooth per five years, subject to annual maximum			
D6210	Pontic - indirectly fabricated high noble metal	50%	30%
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
*D6240	Pontic - porcelain fused to high noble metal		
*D6241	Pontic - porcelain fused to predominantly base metal		
*D6242	Pontic - porcelain fused to noble metal		
*D6243	Pontic - porcelain fused to titanium or titanium alloys		
*D6245	Pontic - porcelain/ ceramic		
*D6250	Pontic - resin with high noble metal		
*D6251	Pontic - resin with predominantly base metal		
*D6252	Pontic - resin with noble metal		
Bridge retainers - one per tooth per five years, subject to annual maximum			
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	50%	30%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
*D6720	Retainer crown - resin fused to high noble metal		
*D6721	Retainer crown - resin with predominantly base metal		
*D6722	Retainer crown - resin with noble metal		
*D6740	Retainer crown - porcelain/ceramic		
*D6750	Retainer crown - porcelain fused to high noble metal		
*D6751	Retainer crown - porcelain fused to predominantly base metal		
*D6752	Retainer crown - porcelain fused to noble metal		
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		



## Deluxe PPO Mandatory, Deluxe EPO/POS Mandatory, Deluxe PPO Combo, Deluxe RPO Combo (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Bridge retainers - one per tooth per five years, subject to annual maximum (continued)			
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal	50%	30%
*D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown 3/4 - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
Bridge repair - as needed, subject to annual maximum			
D6980	Fixed partial denture repair, repair necessitated by restorative material failure	50%	30%
Extraction - one per tooth per lifetime, subject to annual maximum			
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	80%	50%
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	80%	50%
D7220	Removal of impacted tooth - soft tissue	80%	50%
D7230	Removal of impacted tooth - partially bony	50%	30%
D7240	Removal of impacted - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)	80%	50%
Palliative treatment or pain control - as needed, subject to annual maximum			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	80%	50%
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	50%	30%
Anesthesia - as needed, subject to annual maximum			
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	50%	30%
D9222	Deep sedation/general anesthesia - first 15 minute increment		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		

\* Procedure may be subject to alternate benefits

\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna

### Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.

## **Deluxe PPO Mandatory, Deluxe EPO/POS Mandatory, Deluxe PPO Combo, Deluxe RPO Combo (continued)**

### **Limitations & Exclusions (continued)**

5. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
6. Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

### **Medical Necessity**

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### **Alternate Benefits**

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

### **Pretreatment Estimates**

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### \$0 INN Deluxe EPO Mandatory

This Aetna Dental Medicare plan offers in network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Annual maximum applies to comprehensive services only
- Annual maximum varies by contract
- Clinical claim review may be performed
- Frequency limitations may apply
- Alternate benefits may apply
- No out of network benefits available

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network
CDT Code	Description	
Exams - two procedures per calendar year		
D0120	Periodic oral evaluation - established patient	100%
D0150	Comprehensive oral evaluation - new or established patient	
Exams - two procedures per calendar year		
D0140	Limited oral evaluation - problem focused	100%
D0180	Comprehensive periodontal evaluation - new or established patient	
Full mouth series or Panoramic x-ray - one procedure every three years		
D0210	Intra-oral complete series of radiographic images	100%
D0330	Panoramic radiographic image	
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	
Periapical X-ray - as needed		
D0220	Intraoral - periapical-first radiographic image	100%
D0230	Intraoral- periapical each additional radiographic image	
D0374	Intraoral tomosynthesis - periapical radiographic image	
Bitewing X-ray - one procedure per calendar year		
D0270	Bitewings-single radiographic images	100%
D0272	Bitewings-two radiographic images	
D0273	Bitewings-three radiographic images	
D0274	Bitewings-four radiographic images	
D0373	Intraoral tomosynthesis - bitewing radiographic image	
Cleaning - two procedures per calendar year		
D1110	Prophylaxis-adult	100%

**\$0 INN Deluxe EPO Mandatory (continued)**

Plan Coverage Details:		In Network	
CDT Code	Description		
Restorative - two procedures per tooth per calendar year, subject to annual maximum			
D2140	Amalgam - one surface, primary or permanent	100%	
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
Crown - one per tooth per five years, subject to annual maximum			
*D2740	Crown - porcelain/ceramic	100%	
*D2750	Crown - porcelain fused to high noble metal		
*D2751	Crown - porcelain fused to predominantly base metal		
*D2752	Crown - porcelain fused to noble metal		
*D2753	Crown - porcelain fused to titanium or titanium alloy		
*D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
*D2783	Crown - ¾ porcelain/ ceramic		
*D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
Core buildup / Post and Cores - one per tooth per five years, subject to annual maximum			
D2950	Core buildup, including any pins when required		100%
D2952	Indirectly fabricated post and core in addition to crown		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
D2957	Each additional prefabricated post in the same tooth		
Recement - one per tooth per calendar year, subject to annual maximum			
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	100%	
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Recement or rebond crown		
Crown repair - one per tooth per calendar year, subject to annual maximum			
D2980	Crown repair, necessitated by restorative material failure	100%	
Root canal therapy - one per tooth per lifetime, subject to annual maximum			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100%	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth(excluding final restoration)		

## \$0 INN Deluxe EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Retreatment of root canal therapy - one per tooth per per lifetime, subject to annual maximum		
D3346	Retreatment of previous root canal therapy - anterior	100%
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	
Scaling and root planing - one per quadrant per two years, subject to annual maximum		
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	100%
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant	
Full mouth debridement - one per lifetime, subject to annual maximum		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	100%
Periodontal maintenance - two per calendar year, subject to annual maximum		
D4910	Periodontal maintenance	100%
Complete denture - one per arch per five years, subject to annual maximum		
D5110	Complete denture, maxillary	100%
D5120	Complete denture, mandibular	
D5130	Immediate denture, maxillary	
D5140	Immediate denture, mandibular	
Partial denture - one per arch per five years, subject to annual maximum		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)	100%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth) - per quadrant	
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	
Denture adjustment, repair, or rebase - as needed, subject to annual maximum		
D5410	Adjust complete denture - maxillary	100%
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth - complete denture - per tooth	
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive clasping materials - per tooth	



## \$0 INN Deluxe EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Denture adjustment, repair, or rebase - as needed, subject to annual maximum (continued)		
D5640	Replace missing or broken teeth - partial denture - per tooth	100%
D5650	Add tooth to existing partial denture - per tooth	
D5660	Add clasp to existing partial denture - per tooth	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5730	Reline complete maxillary (direct)	
D5731	Reline complete mandibular denture (direct)	
D5740	Reline maxillary partial denture (direct)	
D5741	Reline mandibular partial denture (direct)	
D5750	Reline complete maxillary denture (indirect)	
D5751	Reline complete mandibular denture (indirect)	
D5760	Reline maxillary partial denture (indirect)	
D5761	Reline mandibular partial denture (indirect)	
D5876	Add metal substructure to acrylic full denture (per arch)	
Bridge pontics - one per tooth per five years, subject to annual maximum		
D6210	Pontic - indirectly fabricated high noble metal	100%
D6211	Pontic - indirectly fabricated predominantly base metal	
D6212	Pontic - indirectly fabricated noble metal	
*D6240	Pontic - porcelain fused to high noble metal	
*D6241	Pontic - porcelain fused to predominantly base metal	
*D6242	Pontic - porcelain fused to noble metal	
*D6243	Pontic - porcelain fused to titanium or titanium alloys	
*D6245	Pontic - porcelain/ ceramic	
*D6250	Pontic - resin with high noble metal	
*D6251	Pontic - resin with predominantly base metal	
*D6252	Pontic - resin with noble metal	
Bridge retainers - one per tooth per five years, subject to annual maximum		
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	100%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	
*D6720	Retainer crown - resin fused to high noble metal	
*D6721	Retainer crown - resin with predominantly base metal	
*D6722	Retainer crown - resin with noble metal	
*D6740	Retainer crown - porcelain/ceramic	
*D6750	Retainer crown - porcelain fused to high noble metal	
*D6751	Retainer crown - porcelain fused to predominantly base metal	
*D6752	Retainer crown - porcelain fused to noble metal	
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys	
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal	
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal	
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal	

## \$0 INN Deluxe EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Bridge retainers - one per tooth per five years, subject to annual maximum (continued)		
*D6783	Retainer crown - 3/4 porcelain/ceramic	100%
D6784	Retainer crown 3/4 - titanium and titanium alloys	
D6790	Retainer crown - full - indirectly fabricated high noble metal	
D6791	Retainer crown - full - indirectly fabricated predominantly base metal	
D6792	Retainer crown - full - indirectly fabricated noble metal	
Bridge repair - as needed, subject to annual maximum		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure	100%
Extraction - one per tooth per lifetime, subject to annual maximum		
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	100%
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	
D7220	Removal of impacted tooth - soft tissue	
D7230	Removal of impacted tooth - partially bony	
D7240	Removal of impacted - completely bony	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	
D7250	Removal of residual tooth roots (cutting procedure)	
Palliative treatment or pain control - as needed, subject to annual maximum		
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	
Anesthesia - as needed, subject to annual maximum		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	100%
D9222	Deep sedation/general anesthesia - first 15 minute increment	
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	

\* Procedure may be subject to alternate benefits

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

## **\$0 INN Deluxe EPO Mandatory** (continued)

### **Medical Necessity**

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### **Alternate Benefits**

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

### **Pretreatment Estimates**

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### Enhanced SNP EPO Mandatory

This Aetna Dental Medicare plan offers in network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Annual maximum varies by contract
- Annual maximum applies to all services
- Frequency limitations may apply
- Clinical claim review may be performed
- Alternate benefits may apply
- No Out of Network benefits available

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network
CDT Code	Description	
Exams - two procedures per calendar year, subject to annual maximum		
D0120	Periodic oral evaluation - established patient	100%
D0150	Comprehensive oral evaluation - new or established patient	
Exams - two procedures per calendar year, subject to annual maximum		
D0140	Limited oral evaluation - problem focused	100%
D0180	Comprehensive periodontal evaluation - new or established patient	
Exams and diagnostic services - as needed, subject to annual maximum		
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver	100%
D0160	Detailed and extensive oral evaluation - problem focused, by report	
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)	
D0171	Re-evaluation - post- operative office visit	
D0190	Screening of a patient	
D0191	Assessment of a patient	
Full mouth series or Panoramic x-ray - one procedure per three years, subject to annual maximum		
D0210	Intra-oral complete series of radiographic images	100%
D0330	Panoramic radiographic image	
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	
Bitewing x-ray - one procedure per calendar year, subject to annual maximum		
D0270	Bitewings-single radiographic images	100%
D0272	Bitewings-two radiographic images	
D0273	Bitewings-three radiographic images	



## Enhanced SNP EPO Mandatory Enhanced SNP EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Bitewing x-ray - one procedure per calendar year, subject to annual maximum (continued)		
D0274	Bitewings-four radiographic images	100%
D0277	Vertical Bitewings - 7 to 8 radiographic images	
D0373	Intraoral tomosynthesis - bitewing radiographic image	
Diagnostic imaging - as needed, subject to annual maximum		
D0220	Intraoral - periapical-first radiographic image	100%
D0230	Intraoral- periapical each additional radiographic image	
D0240	Intraoral-occlusal radiographic image	
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	
D0251	Extra-oral posterior dental radiographic image	
D0310	Sialography	
D0320	Temporomandibular arthrogram including injection	
D0321	Other TMJ radiographies images, by report	
D0322	Tomographic survey	
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium	
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	
D0369	Maxillofacial MRI capture and interpretation	
D0370	Maxillofacial ultrasound, capture and interpretation	
D0371	Sialoendoscopy -capture and interpretation	
D0374	Intraoral tomosynthesis - periapical radiographic image	
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	
D0384	Cone beam CT capture image for TMJ series including two or more exposures	
D0385	Maxillofacial MRI image capture	
D0386	Maxillofacial ultrasound image capture	
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	
D0393	Treatment simulation using 3-D image volume	
D0394	Digital subtraction of two or more images or image volumes of the same modality	
D0395	Fusion of two or more 3-D image volumes of the same modality	
D0396	3D Printing of a 3D surface scan	
D0701	Panoramic radiographic image - image capture only	
D0702	2-D cephalometric radiographic image - image capture only	
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only	
D0705	Extra-oral posterior dental radiographic image - image capture only	
D0706	Intraoral - occlusal radiographic image - image capture only	





## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Diagnostic imaging - as needed, subject to annual maximum (continued)		
D0707	Intraoral - periapical radiographic image - image capture only	100%
D0708	Intraoral - bitewing radiographic image - image capture only	
D0709	Intraoral- complete series of radiographic images - image capture only	
D0801	3D intraoral surface scan - direct	
D0802	3D dental surface scan - indirect	
D0803	3D facial surface scan - direct	
D0804	3D facial surface scan - indirect	
Diagnostic services - as needed, subject to annual maximum		
D0411	HbA1c in-office point of service testing	100%
D0412	Blood glucose level test: in office using a glucose meter	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	
D0415	Collection of microorganisms for culture and sensitivity	
D0416	Viral culture	
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	
D0418	Analysis of saliva sample	
D0419	Assessment of salivary flow by measurement	
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	
D0423	Genetic test for susceptibility to diseases - specimen analysis	
D0425	Caries susceptibility tests	
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures	
D0460	Pulp vitality tests	
D0470	Diagnostic casts	
D0472	Accession of tissue, gross examination, preparation and transmission of written report	
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report	
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical	
D0475	Decalcification procedure	
D0476	Special stains for microorganisms	
D0477	Special stains, not for microorganisms	
D0478	Immunohistochemical stains	
D0479	Tissue in situ hybridization, including interpretation	
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report	
D0481	Electron microscopy	
D0482	Direct immunofluorescence	
D0483	Indirect immunofluorescence	
D0484	Consultation on slides prepared elsewhere	
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report	
D0502	Other oral pathology procedures, by report	
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum	
D0601	Caries risk assessment and documentation, with a finding of low risk	
D0602	Caries risk assessment and documentation, with a finding of moderate risk	

## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Diagnostic services - as needed, subject to annual maximum (continued)		
D0603	Caries risk assessment and documentation, with a finding of high risk	100%
D0604	Antigen testing for a public health related pathogen includes coronavirus	
D0605	Antibody testing for a public health related pathogen includes coronavirus	
Cleaning - two per calendar year, subject to annual maximum		
D1110	Prophylaxis-adult	100%
Preventive services - as needed, subject to annual maximum		
D1120	Prophylaxis - child	100%
D1206	Topical application of fluoride varnish	
D1208	Topical application of fluoride - excluding varnish	
D1301	Immunization counseling	
D1310	Nutritional counseling for control of dental disease	
D1320	Tobacco counseling for the control and prevention of oral disease	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	
D1330	Oral hygiene instructions	
D1351	Sealant - per tooth	
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	
D1353	Sealant repair per tooth	
D1354	Interim caries arresting medicament application - per tooth	
D1355	Caries preventive medicament application - per tooth	
Space Maintenance services - as needed, subject to annual maximum		
D1510	Space maintainer - fixed - unilateral - per quadrant	100%
D1516	Space maintainer - fixed - bilateral, maxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer - removable - unilateral - per quadrant	
D1526	Space maintainer - removable - bilateral, maxillary	
D1527	Space maintainer - removable - bilateral, mandibular	
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	
D1556	Removal of fixed unilateral space maintainer- per quadrant	
D1557	Removal of fixed bilateral space maintainer - maxillary	
D1558	Removal of fixed bilateral space maintainer - mandibular	
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant	
Restorative - two procedures per tooth per calendar year, subject to annual maximum		
D2140	Amalgam - one surface, primary or permanent	100%
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces (anterior)	
D2390	Resin-based composite crown, anterior	



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network	
CDT Code	Description		
Restorative - two procedures per tooth per calendar year, subject to annual maximum (continued)			
D2391	Resin-based composite - one surface, posterior	100%	
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
Inlay and onlay - one procedure per tooth per five years, subject to annual maximum			
D2510	Inlay - metallic - one surface	100%	
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
*D2610	Inlay - porcelain/ceramic - one surface		
*D2620	Inlay - porcelain/ceramic - two surfaces		
*D2630	Inlay - porcelain/ceramic - three or more surfaces		
*D2642	Onlay - porcelain/ceramic - two surfaces		
*D2643	Onlay - porcelain/ceramic - three surfaces		
*D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
*D2662	Onlay - resin-based composite - two surfaces		
*D2663	Onlay - resin-based composite - three surfaces		
*D2664	Onlay - resin-based composite - four or more surfaces		
Crown - one per tooth per five years, subject to annual maximum			
D2710	Crown - resin-based composite (indirect)		100%
*D2712	Crown - ¾ resin-based composite (indirect)		
*D2720	Crown - resin with high noble metal		
*D2721	Crown - resin with predominantly base metal		
*D2722	Crown - resin with noble metal		
*D2740	Crown - porcelain/ceramic		
*D2750	Crown - porcelain fused to high noble metal		
*D2751	Crown - porcelain fused to predominantly base metal		
*D2752	Crown - porcelain fused to noble metal		
*D2753	Crown - porcelain fused to titanium or titanium alloy		
*D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
*D2783	Crown - ¾ porcelain/ ceramic		
*D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
*D2794	Crown - titanium/titanium alloy		

## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Recement - one per tooth per calendar year, subject to annual maximum		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	100%
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Recement or rebond crown	
Core buildup / Post and Cores - one per tooth per five years, subject to annual maximum		
D2950	Core buildup, including any pins when required	100%
D2951	Pin retention - per tooth, in addition to restoration	
D2952	Indirectly fabricated post and core in addition to crown	
D2953	Each additional indirectly fabricated post - same tooth	
D2954	Prefabricated post and core in addition to crown	
Additional post- one per tooth per five years, subject to annual maximum		
D2957	Each additional prefabricated post in the same tooth	100%
Post removal - one per tooth per five years, subject to annual maximum		
D2955	Post removal	100%
Veneers- one per tooth per five years, subject to annual maximum		
D2960	Labial veneer (resin laminate) - direct	100%
D2961	Labial veneer (resin laminate) - indirect	
D2962	Labial veneer (porcelain laminate) - indirect	
Restorative repairs- one per tooth per calendar year, subject to annual maximum		
D2980	Crown repair, necessitated by restorative material failure	100%
D2981	Inlay repair, necessitated by restorative material failure	
D2982	Onlay repair, necessitated by restorative material failure	
D2983	Veneer repair, necessitated by restorative material failure	
Restorative services - as needed, subject to annual maximum		
*D2410	Gold foil - one surface	100%
*D2420	Gold foil - two surfaces	
*D2430	Gold foil - three surfaces	
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	
D2921	Reattachment of tooth fragment, incisal edge or cusp	
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	
D2929	Prefabricated porcelain/ceramic crown - primary tooth	
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
D2932	Prefabricated resin crown	
D2933	Prefabricated stainless steel crown with resin window	
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	
D2940	Protective restoration	
D2949	Restorative foundation for an indirect restoration	
D2956	Removal of an indirect restoration on a natural tooth	
D2971	Additional procedures to construct new crown under existing partial denture framework	
D2975	Coping	
D2976	Band stabilization - per tooth	
D2989	Excavation of a tooth resulting in the determination of non-restorability	
D2990	Resin infiltration of incipient smooth surface lesions	
D2991	Application of hydroxyapatite regeneration medicament - per tooth	



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Endodontic services - as needed, subject to annual maximum		
D3110	Pulp cap - direct (excluding final restoration)	100%
D3120	Pulp cap - indirect (excluding final restoration)	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	
D3221	Pulpal debridement, primary and permanent teeth	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Endodontic therapy, molar tooth(excluding final restoration)	
Retreatment of root canal therapy - one per tooth per per lifetime, subject to annual maximum		
D3346	Retreatment of previous root canal therapy - anterior	100%
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	
Endodontic surgery and services - as needed, subject to annual maximum		
D3331	Treatment of root canal obstruction, non-surgical access	100%
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	
D3333	Internal root repair of perforation defects	
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	
D3355	Pulpal regeneration - initial visit	
D3356	Pulpal regeneration-interim medication replacement	
D3357	Pulpal regeneration - completion of treatment	
D3410	Apicoectomy - anterior	
D3421	Apicoectomy - premolar (first root)	
D3425	Apicoectomy - molar (first root)	
D3426	Apicoectomy (each additional root)	
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site	
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.	
D3430	Retrograde filling - per root	
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery	
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	
D3450	Root amputation - per root	
D3470	Intentional reimplantation (including necessary splinting)	
D3471	Surgical repair of root resorption - anterior	
D3472	Surgical repair of root resorption - premolar	
D3473	Surgical repair of root resorption - molar	
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior	
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar	
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar	
D3910	Surgical procedure for isolation of tooth with rubber dam	100%



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network	
CDT Code	Description		
Endodontic surgery and services - as needed, subject to annual maximum (continued)			
D3920	Hemisection (including any root removal), not including root canal therapy	100%	
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
Periodontal surgery - as needed, subject to annual maximum			
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant	100%	
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant		
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planing - one to three teeth per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and double pedicle graft		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
Scaling and root planing - one per quadrant per two years, subject to annual maximum			
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		100%
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant		



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Full mouth debridement - one per lifetime, subject to annual maximum		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	100%
Periodontal services- as needed, subject to annual maximum		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	100%
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	
D4910	Periodontal maintenance	
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)	
D4921	Gingival irrigation - per quadrant	
Complete denture - one per arch per five years, subject to annual maximum		
D5110	Complete denture, maxillary	100%
D5120	Complete denture, mandibular	
D5130	Immediate denture, maxillary	
D5140	Immediate denture, mandibular	
Partial denture - one per arch per five years, subject to annual maximum		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)	100%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant	
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	
Partial denture - as needed, subject to annual maximum		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	100%
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	
Denture adjustment, repair, or rebase - as needed, subject to annual maximum		
D5410	Adjust complete denture - maxillary	100%
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth - complete denture - per tooth	



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Denture adjustment, repair, or rebase - as needed, subject to annual maximum (continue)		
D5611	Repair resin partial denture base, mandibular	100%
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive clasping materials - per tooth	
D5640	Replace missing or broken teeth - partial denture - per tooth	
D5650	Add tooth to existing partial denture - per tooth	
D5660	Add clasp to existing partial denture - per tooth	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5725	Rebase hybrid prosthesis	
D5730	Reline complete maxillary (direct)	
D5731	Reline complete mandibular denture (direct)	
D5740	Reline maxillary partial denture (direct)	
D5741	Reline mandibular partial denture (direct)	
D5750	Reline complete maxillary denture (indirect)	
D5751	Reline complete mandibular denture (indirect)	
D5760	Reline maxillary partial denture (indirect)	
D5761	Reline mandibular partial denture (indirect)	
D5765	Soft liner for complete or partial removable denture (indirect)	
Interim dentures - as needed, subject to annual maximum		
D5810	Interim complete denture (maxillary)	100%
D5811	Interim complete denture (mandibular)	
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	
Removable prosthetic services - as needed, subject to annual maximum		
D5850	Tissue conditioning, maxillary	100%
D5851	Tissue conditioning, mandibular	
D5862	Precision attachment, by report	
D5867	Replacement of semi-precision or precision attachment (male or female component)	
D5876	Add metal substructure to acrylic full denture (per arch)	
Overdenture (non-implant) - as needed, subject to annual maximum		
*D5863	Overdenture - complete maxillary	100%
*D5864	Overdenture - partial maxillary	
*D5865	Overdenture - complete mandibular	
*D5866	Overdenture - partial mandibular	





## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network	
CDT Code	Description		
Maxillofacial Prosthetics - as needed, subject to annual maximum			
D5991	Vesiculobullous disease medicament carrier	100%	
D5992	Adjustment maxillofacial prosthetic appliance		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular		
Bridge pontics - one per tooth per five years, subject to annual maximum			
*D6205	Pontic -indirect resin based composite	100%	
D6210	Pontic - indirectly fabricated high noble metal		
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
D6214	Pontic - titanium or titanium alloys		
*D6240	Pontic - porcelain fused to high noble metal		
*D6241	Pontic - porcelain fused to predominantly base metal		
*D6242	Pontic - porcelain fused to noble metal		
*D6243	Pontic - porcelain fused to titanium or titanium alloys		
*D6245	Pontic - porcelain/ ceramic		
*D6250	Pontic - resin with high noble metal		
*D6251	Pontic - resin with predominantly base metal		
*D6252	Pontic - resin with noble metal		
Bridge retainers - one per tooth per five years, subject to annual maximum			
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	100%	
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
*D6720	Retainer crown - resin fused to high noble metal		
*D6721	Retainer crown - resin with predominantly base metal		
*D6722	Retainer crown - resin with noble metal		
*D6740	Retainer crown - porcelain/ceramic		
*D6750	Retainer crown - porcelain fused to high noble metal		
*D6751	Retainer crown - porcelain fused to predominantly base metal		
*D6752	Retainer crown - porcelain fused to noble metal		
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal		
*D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown <sup>3/4</sup> - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
Fixed prosthodontic services - as needed, subject to annual maximum			
D6253	Provisional Pontic		100%
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		

## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Fixed prosthodontic services - as needed, subject to annual maximum (continued)		
*D6710	Retainer crown - indirect resin based composite	100%
D6793	Provisional retainer crown	
D6794	Retainer crown - titanium or titanium alloys	
D6920	Connector bar	
D6930	Recement or rebond fixed partial denture	
D6940	Stress breaker	
D6950	Precision attachment	
D6980	Fixed partial denture repair, repair necessitated by restorative material failure	
D6985	Pediatric partial denture, fixed	
Retainer Inlays and onlays - one per tooth per five years, subject to annual maximum		
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	100%
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces	
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces	
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces	
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces	
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces	
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces	
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces	
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces	
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces	
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces	
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces	
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces	
D6624	Retainer inlay - titanium	
D6634	Retainer onlay - titanium	
Extraction - one per tooth per lifetime, subject to annual maximum		
D7111	Extraction, coronal remnants - primary tooth	100%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)	
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated	
D7220	Removal of impacted tooth - soft tissue	
D7230	Removal of impacted tooth - partially bony	
D7240	Removal of impacted - completely bony	
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications	
D7250	Removal of residual tooth roots (cutting procedure)	
Oral and Maxillofacial Surgery - as needed, subject to annual maximum		
D7251	Coronectomy - intentional partial tooth removal	100%
D7260	Oroantral fistula closure	
D7261	Primary closure of a sinus perforation	
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)	
D7280	Exposure of an unerupted tooth	
D7282	Mobilization of erupted or malpositioned tooth	



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Oral and Maxillofacial Surgery - as needed, subject to annual maximum (continued)		
D7283	Placement of device to facilitate eruption of impacted tooth	100%
D7290	Surgical repositioning of teeth	
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report	
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	
D7293	Placement of temporary anchorage device requiring flap; includes device removal	
D7294	Placement of temporary anchorage device without flap; includes device removal	
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap	
D7299	Removal of temporary anchorage device requiring flap	
D7300	Removal of temporary anchorage device without flap	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	
D7471	Removal of lateral exostosis	
D7472	Removal of torus palatinus	
D7473	Removal of torus mandibularis	
D7485	Reduction of osseous tuberosity	
D7921	Collection and application of autologous blood concentrate product	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	
D7953	Bone replacement graft for ridge preservation - per site	
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	
D7961	Buccal/labial frenectomy (frenulectomy)	
D7962	Lingual frenectomy (frenulectomy)	
D7963	Frenuloplasty	
D7970	Excision of hyperplastic tissue - per arch	
D7971	Excision of pericoronal gingiva	
D7972	Surgical reduction of fibrous tuberosity	
D7979	Non - surgical sialolithotomy	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	
Adjunctive General Services - as needed, subject to annual maximum		
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%
D9120	Fixed partial denture sectioning	
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	
D9215	Local anesthesia in conjunction with operative or surgical procedures	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	
D9222	Deep sedation/general anesthesia - first 15 minute increment	



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Adjunctive General Services - as needed, subject to annual maximum (Continued)		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	100%
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	
D9248	Non-intravenous (conscious) sedation	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	
D9311	Consultation with medical health care professional	
D9410	House/extended care facility call	
D9420	Hospital or ambulatory surgical center call	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
D9440	Office visit - after regularly scheduled hours	
D9450	Case presentation, detailed and extensive treatment planning	
D9610	Therapeutic drug injection, by report	
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	
D9630	Drugs or medicaments dispensed in the office for home use, by report	
D9910	Application of desensitizing medicaments	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	
D9912	Pre-visit patient screening	
D9920	Behavior management, by report	
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report	
D9932	Cleaning and inspection of removable complete denture, maxillary	
D9933	Cleaning and inspection of removable complete denture, mandibular	
D9934	Cleaning and inspection of removable partial denture, maxillary	
D9935	Cleaning and inspection of removable partial denture, mandibular	
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	
D9939	Placement of a custom removable plastic temporary aesthetic appliance	
D9941	Fabrication of athletic mouthguard	
D9942	Repair and/or reline of an occlusal guard	
D9943	Occlusal guard adjustment	
D9944	Occlusal guard - hard appliance, full arch	
D9945	Occlusal guard - soft appliance, full arch	
D9946	Occlusal guard - hard appliance, partial arch	
D9947	Custom sleep apnea appliance fabrication and placement	
D9948	Adjustment of custom sleep apnea appliance	
D9949	Repair of custom sleep apnea appliance	
D9950	Occlusion analysis - mounted case, including all related procedures	
D9951	Occlusal adjustment - limited	
D9952	Occlusal adjustment - complete	
D9953	Reline custom sleep apnea appliance (indirect)	
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	
D9955	Oral appliance therapy (OAT) titration visit	
D9970	Enamel microabrasion	
D9971	Odontoplasty per tooth	



## Enhanced SNP EPO Mandatory (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Adjunctive General Services - as needed, subject to annual maximum (Continued)		
D9992	Dental case management - care coordination	100%
D9993	Dental case management - motivational interviewing	
D9994	Dental case management - patient education to improve oral health literacy	
D9995	Teledentistry - synchronous; real-time encounter	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	
D9997	Dental case management - patients with special health care needs	

\* Procedure may be subject to alternate benefits

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

## Medical Necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.

## Alternate Benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

## Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### Enhanced SNP EPO POS 100/100 Mandatory

This Aetna Dental Medicare plan offers in network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Covered services performed by out of network Provider are reimbursed at 100%
- Annual maximum varies by contract
- Annual maximum applies to all services
- Frequency limitations may apply
- Clinical claim review may be performed
- Alternate benefits may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Exams - two procedures per calendar year, subject to annual maximum			
D0120	Periodic oral evaluation - established patient	100%	100%
D0150	Comprehensive oral evaluation - new or established patient		
Exams - two procedures per calendar year, subject to annual maximum			
D0140	Limited oral evaluation - problem focused	100%	100%
D0180	Comprehensive periodontal evaluation - new or established patient		
Exams and diagnostic services - as needed, subject to annual maximum			
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver	100%	100%
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)		
D0171	Re-evaluation - post- operative office visit		
D0190	Screening of a patient		
D0191	Assessment of a patient		
Full mouth series or Panoramic x-ray - one procedure per three years, subject to annual maximum			
D0210	Intra-oral complete series of radiographic images	100%	100%
D0330	Panoramic radiographic image		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
Bitewing x-ray - one procedure per calendar year, subject to annual maximum			
D0270	Bitewings-single radiographic images	100%	100%
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		



**Enhanced SNP EPO POS 100/100 Mandatory (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Bitewing x-ray - one procedure per calendar year, subject to annual maximum (continued)			
D0274	Bitewings-four radiographic images	100%	100%
D0277	Vertical Bitewings - 7 to 8 radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
Diagnostic imaging - as needed, subject to annual maximum			
D0220	Intraoral - periapical-first radiographic image	100%	100%
D0230	Intraoral- periapical each additional radiographic image		
D0240	Intraoral-occlusal radiographic image		
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0310	Sialography		
D0320	Temporomandibular arthrogram including injection		
D0321	Other TMJ radiographies images, by report		
D0322	Tomographic survey		
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium		
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0369	Maxillofacial MRI capture and interpretation		
D0370	Maxillofacial ultrasound, capture and interpretation		
D0371	Sialoendoscopy -capture and interpretation		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw		
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible		
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium		
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium		
D0384	Cone beam CT capture image for TMJ series including two or more exposures		
D0385	Maxillofacial MRI image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Treatment simulation using 3-D image volume		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3-D image volumes of the same modality		
D0396	3D Printing of a 3D surface scan		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		

### Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic imaging - as needed, subject to annual maximum (continued)			
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only	100%	100%
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- complete series of radiographic images - image capture only		
D0801	3D intraoral surface scan - direct		
D0802	3D dental surface scan - indirect		
D0803	3D facial surface scan - direct		
D0804	3D facial surface scan - indirect		
Diagnostic services - as needed, subject to annual maximum			
D0411	HbA1c in-office point of service testing	100%	100%
D0412	Blood glucose level test: in office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		
D0418	Analysis of saliva sample		
D0419	Assessment of salivary flow by measurement		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures		
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		



### Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic services - as needed, subject to annual maximum (continued)			
D0502	Other oral pathology procedures, by report	100%	100%
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen includes coronavirus		
D0605	Antibody testing for a public health related pathogen includes coronavirus		
Cleaning - two per calendar year, subject to annual maximum			
D1110	Prophylaxis-adult	100%	100%
Preventive services - as needed, subject to annual maximum			
D1120	Prophylaxis - child	100%	100%
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth		
D1353	Sealant repair per tooth		
D1354	Interim caries arresting medicament application - per tooth		
D1355	Caries preventive medicament application - per tooth		
Space Maintenance services - as needed, subject to annual maximum			
D1510	Space maintainer - fixed - unilateral - per quadrant	100%	100%
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable - unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer- per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant		
Restorative - two procedures per tooth per calendar year, subject to annual maximum			
D2140	Amalgam - one surface, primary or permanent	100%	100%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		

### Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative - two procedures per tooth per calendar year, subject to annual maximum (continued)			
D2161	Amalgam - four or more surfaces, primary or permanent	100%	100%
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
Inlay and onlay - one procedure per tooth per five years, subject to annual maximum			
D2510	Inlay - metallic - one surface	100%	100%
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
*D2610	Inlay - porcelain/ceramic - one surface		
*D2620	Inlay - porcelain/ceramic - two surfaces		
*D2630	Inlay - porcelain/ceramic - three or more surfaces		
*D2642	Onlay - porcelain/ceramic - two surfaces		
*D2643	Onlay - porcelain/ceramic - three surfaces		
*D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
*D2662	Onlay - resin-based composite - two surfaces		
*D2663	Onlay - resin-based composite - three surfaces		
*D2664	Onlay - resin-based composite - four or more surfaces		
Crown - one per tooth per five years, subject to annual maximum			
D2710	Crown - resin-based composite (indirect)	100%	100%
*D2712	Crown - ¾ resin-based composite (indirect)		
*D2720	Crown - resin with high noble metal		
*D2721	Crown - resin with predominantly base metal		
*D2722	Crown - resin with noble metal		
*D2740	Crown - porcelain/ceramic		
*D2750	Crown - porcelain fused to high noble metal		
*D2751	Crown - porcelain fused to predominantly base metal		
*D2752	Crown - porcelain fused to noble metal		
*D2753	Crown - porcelain fused to titanium or titanium alloy		
*D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
*D2783	Crown - ¾ porcelain/ ceramic		



### Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Crown - one per tooth per five years, subject to annual maximum (continued)			
*D2790	Crown - full cast high noble metal	100%	100%
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
*D2794	Crown - titanium/titanium alloy		
Recement - one per tooth per calendar year, subject to annual maximum			
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	100%	100%
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Recement or rebond crown		
Core buildup / Post and Cores - one per tooth per five years, subject to annual maximum			
D2950	Core buildup, including any pins when required	100%	100%
D2951	Pin retention - per tooth, in addition to restoration		
D2952	Indirectly fabricated post and core in addition to crown		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
Additional post- one per tooth per five years, subject to annual maximum			
D2957	Each additional prefabricated post in the same tooth	100%	100%
Post removal - one per tooth per five years, subject to annual maximum			
D2955	Post removal	100%	100%
Veneers- one per tooth per five years, subject to annual maximum			
D2960	Labial veneer (resin laminate) - direct	100%	100%
D2961	Labial veneer (resin laminate) - indirect		
D2962	Labial veneer (porcelain laminate) - indirect		
Restorative repairs- one per tooth per calendar year, subject to annual maximum			
D2980	Crown repair, necessitated by restorative material failure	100%	100%
D2981	Inlay repair, necessitated by restorative material failure		
D2982	Onlay repair, necessitated by restorative material failure		
D2983	Veneer repair, necessitated by restorative material failure		
Restorative services - as needed, subject to annual maximum			
*D2410	Gold foil - one surface	100%	100%
*D2420	Gold foil - two surfaces		
*D2430	Gold foil - three surfaces		
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		
D2932	Prefabricated resin crown		
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth		
D2940	Protective restoration		
D2949	Restorative foundation for an indirect restoration		
D2956	Removal of an indirect restoration on a natural tooth		
D2971	Additional procedures to construct new crown under existing partial denture framework		

### Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative services - as needed, subject to annual maximum (continued)			
D2975	Coping	100%	100%
D2976	Band stabilization - per tooth		
D2989	Excavation of a tooth resulting in the determination of non-restorability		
D2990	Resin infiltration of incipient smooth surface lesions		
D2991	Application of hydroxyapatite regeneration medicament - per tooth		
Endodontic services - as needed, subject to annual maximum			
D3110	Pulp cap - direct (excluding final restoration)	100%	100%
D3120	Pulp cap - indirect (excluding final restoration)		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoceamental junction and application of medicament		
D3221	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		
Root canal therapy - one per tooth per per lifetime, subject to annual maximum			
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	100%	100%
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth(excluding final restoration)		
Retreatment of root canal therapy - one per tooth per per lifetime, subject to annual maximum			
D3346	Retreatment of previous root canal therapy - anterior	100%	100%
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		
Endodontic surgery and services - as needed, subject to annual maximum			
D3331	Treatment of root canal obstruction, non-surgical access	100%	100%
D3332	Incomplete endodontic therapy; inoperable or fractured tooth		
D3333	Internal root repair of perforation defects		
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration-interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		



### Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Endodontic surgery and services - as needed, subject to annual maximum (continued)			
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery	100%	100%
D3450	Root amputation - per root		
D3470	Intentional reimplantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
Periodontal surgery - as needed, subject to annual maximum			
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant	100%	100%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant		
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and double pedicle graft		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site		

## Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Periodontal surgery - as needed, subject to annual maximum (continued)			
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	100%	100%
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
Scaling and root planing - one per quadrant per two years, subject to annual maximum			
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	100%	100%
D4342	Periodontal scaling and root planing, one to three teeth, per quadrant		
Full mouth debridement - one per lifetime, subject to annual maximum			
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	100%	100%
Periodontal services- as needed, subject to annual maximum			
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	100%	100%
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)		
D4921	Gingival irrigation - per quadrant		
Complete denture - one per arch per five years, subject to annual maximum			
D5110	Complete denture, maxillary	100%	100%
D5120	Complete denture, mandibular		
D5130	Immediate denture, maxillary		
D5140	Immediate denture, mandibular		
Partial denture - one per arch per five years, subject to annual maximum			
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)	100%	100%
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		



**Enhanced SNP EPO POS 100/100 Mandatory** (continued)

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Partial denture - one per arch per five years, subject to annual maximum (continued)					
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant	100%	100%		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant				
Partial denture - as needed, subject to annual maximum					
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	100%	100%		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)				
Denture adjustment, repair, or rebase - as needed, subject to annual maximum					
D5410	Adjust complete denture - maxillary	100%	100%		
D5411	Adjust complete denture - mandibular				
D5421	Adjust partial denture - maxillary				
D5422	Adjust partial denture - mandibular				
D5511	Repair broken complete denture base, mandibular				
D5512	Repair broken complete denture base, maxillary				
D5520	Replace missing or broken teeth - complete denture - per tooth				
D5611	Repair resin partial denture base, mandibular				
D5612	Repair resin partial denture base, maxillary				
D5621	Repair cast partial framework, mandibular				
D5622	Repair cast partial framework, maxillary				
D5630	Repair or replace broken retentive clasping materials - per tooth				
D5640	Replace missing or broken teeth - partial denture - per tooth				
D5650	Add tooth to existing partial denture - per tooth				
D5660	Add clasp to existing partial denture - per tooth				
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)				
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)				
D5710	Rebase complete maxillary				
D5711	Rebase complete mandibular denture				
D5720	Rebase maxillary partial denture				
D5721	Rebase mandibular partial denture				
D5725	Rebase hybrid prosthesis				
D5730	Reline complete maxillary (direct)				
D5731	Reline complete mandibular denture (direct)				
D5740	Reline maxillary partial denture (direct)				
D5741	Reline mandibular partial denture (direct)				
D5750	Reline complete maxillary denture (indirect)				
D5751	Reline complete mandibular denture (indirect)				
D5760	Reline maxillary partial denture (indirect)				
D5761	Reline mandibular partial denture (indirect)				
D5765	Soft liner for complete or partial removable denture (indirect)				
Interim dentures - as needed, subject to annual maximum					
D5810	Interim complete denture (maxillary)			100%	100%
D5811	Interim complete denture (mandibular)				
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary				
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular				

**Enhanced SNP EPO POS 100/100 Mandatory (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable prosthetic services - as needed, subject to annual maximum			
D5850	Tissue conditioning, maxillary	100%	100%
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
D5867	Replacement of semi-precision or precision attachment (male or female component)		
D5876	Add metal substructure to acrylic full denture (per arch)		
Overdenture (non-implant) - as needed, subject to annual maximum			
*D5863	Overdenture - complete maxillary	100%	100%
*D5864	Overdenture - partial maxillary		
*D5865	Overdenture - complete mandibular		
*D5866	Overdenture - partial mandibular		
Maxillofacial Prosthetics - as needed, subject to annual maximum			
D5991	Vesiculobullous disease medicament carrier	100%	100%
D5992	Adjustment maxillofacial prosthetic appliance		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular		
Bridge pontics - one per tooth per five years, subject to annual maximum			
*D6205	Pontic -indirect resin based composite	100%	100%
D6210	Pontic - indirectly fabricated high noble metal		
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
D6214	Pontic - titanium or titanium alloys		
*D6240	Pontic - porcelain fused to high noble metal		
*D6241	Pontic - porcelain fused to predominantly base metal		
*D6242	Pontic - porcelain fused to noble metal		
*D6243	Pontic - porcelain fused to titanium or titanium alloys		
*D6245	Pontic - porcelain/ ceramic		
*D6250	Pontic - resin with high noble metal		
*D6251	Pontic - resin with predominantly base metal		
*D6252	Pontic - resin with noble metal		
Bridge retainers - one per tooth per five years, subject to annual maximum			
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	100%	100%
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
*D6720	Retainer crown - resin fused to high noble metal		
*D6721	Retainer crown - resin with predominantly base metal		
*D6722	Retainer crown - resin with noble metal		
*D6740	Retainer crown - porcelain/ceramic		
*D6750	Retainer crown - porcelain fused to high noble metal		
*D6751	Retainer crown - porcelain fused to predominantly base metal		
*D6752	Retainer crown - porcelain fused to noble metal		
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		



**Enhanced SNP EPO POS 100/100 Mandatory** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Bridge retainers - one per tooth per five years, subject to annual maximum (continued)			
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal	100%	100%
*D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown¾ - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
Fixed prosthodontic services - as needed, subject to annual maximum			
D6253	Provisional Pontic	100%	100%
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
*D6710	Retainer crown - indirect resin based composite		
D6793	Provisional retainer crown		
D6794	Retainer crown - titanium or titanium alloys		
D6920	Connector bar		
D6930	Recement or rebond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
Retainer Inlays and onlays - one per tooth per five years, subject to annual maximum			
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	100%	100%
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces		
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces		
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces		
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces		
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces		
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces		
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces		
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces		
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces		
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
Extraction - one per tooth per lifetime, subject to annual maximum			
D7111	Extraction, coronal remnants - primary tooth	100%	100%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)		
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		

### Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Extraction - one per tooth per lifetime, subject to annual maximum (continued)			
D7240	Removal of impacted - completely bony	100%	100%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum			
D7251	Coronectomy - intentional partial tooth removal	100%	100%
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report		
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		
D7293	Placement of temporary anchorage device requiring flap; includes device removal		
D7294	Placement of temporary anchorage device without flap; includes device removal		
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap		
D7299	Removal of temporary anchorage device requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal/labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		



**Enhanced SNP EPO POS 100/100 Mandatory** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum			
D9110	Palliative (emergency) treatment of dental pain - minor procedures		
D9120	Fixed partial denture sectioning		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Deep sedation/general anesthesia - first 15 minute increment		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		
D9248	Non-intravenous (conscious) sedation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		
D9311	Consultation with medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, detailed and extensive treatment planning		
D9610	Therapeutic drug injection, by report	100%	100%
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites		
D9630	Drugs or medicaments dispensed in the office for home use, by report		
D9910	Application of desensitizing medicaments		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of an occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		
D9946	Oocclusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		

## Enhanced SNP EPO POS 100/100 Mandatory (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum (continued)			
D9949	Repair of custom sleep apnea appliance	100%	100%
D9950	Occlusion analysis - mounted case, including all related procedures		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device		
D9955	Oral appliance therapy (OAT) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty per tooth		
D9992	Dental case management - care coordination		
D9993	Dental case management - motivational interviewing		
D9994	Dental case management - patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

\* Procedure may be subject to alternate benefits

\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.



## Enhanced SNP EPO POS 100/100 Mandatory (continued)

### Medical Necessity

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### Alternate Benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

### Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.

## Aetna Medicare Advantage



### Essential INN Only EPO

This Aetna Dental Medicare plan offers in network coverage for both preventive and comprehensive services.

For this plan:

- Services performed by in-network Providers are covered at 100%.
- Annual maximum varies by contract
- Annual maximum applies to all services
- Clinical claim review may be performed
- Frequency limits may apply
- Alternate benefits may apply
- No out of Network benefits available

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network
CDT Code	Description	
Diagnostic - as needed, subject to annual maximum		
D0120	Periodic oral evaluation - established patient	100%
D0140	Limited oral evaluation - problem focused	
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver	
D0150	Comprehensive oral evaluation - new or established patient	
D0160	Detailed and extensive oral evaluation - problem focused, by report	
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)	
D0171	Re-evaluation - post- operative office visit	
D0180	Comprehensive periodontal evaluation - new or established patient	
D0190	Screening of a patient	
D0191	Assessment of a patient	
D0210	Intra-oral complete series of radiographic images	
D0220	Intraoral - periapical-first radiographic image	
D0230	Intraoral- periapical each additional radiographic image	
D0240	Intraoral-occlusal radiographic image	
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector	
D0251	Extra-oral posterior dental radiographic image	
D0270	Bitewings-single radiographic images	
D0272	Bitewings-two radiographic images	
D0273	Bitewings-three radiographic images	
D0274	Bitewings-four radiographic images	
D0277	Vertical Bitewings - 7 to 8 radiographic images	



### Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Diagnostic - as needed, subject to annual maximum (continued)		
D0310	Sialography	100%
D0320	Temporomandibular arthrogram including injection	
D0321	Other TMJ radiographies images, by report	
D0322	Tomographic survey	
D0330	Panoramic radiographic image	
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis	
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally	
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw	
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible	
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium	
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium	
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures	
D0369	Maxillofacial MRI capture and interpretation	
D0370	Maxillofacial ultrasound, capture and interpretation	
D0371	Sialoendoscopy -capture and interpretation	
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images	
D0373	Intraoral tomosynthesis - bitewing radiographic image	
D0374	Intraoral tomosynthesis - periapical radiographic image	
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw	
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible	
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium	
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium	
D0384	Cone beam CT capture image for TMJ series including two or more exposures	
D0385	Maxillofacial MRI image capture	
D0386	Maxillofacial ultrasound image capture	
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only	
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only	
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only	
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	
D0393	Treatment simulation using 3-D image volume	
D0394	Digital subtraction of two or more images or image volumes of the same modality	
D0395	Fusion of two or more 3-D image volumes of the same modality	
D0396	3D Printing of a 3D surface scan	
D0411	HbA1c in-office point of service testing	
D0412	Blood glucose level test: in office using a glucose meter	
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report	
D0415	Collection of microorganisms for culture and sensitivity	
D0416	Viral culture	
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing	
D0418	Analysis of saliva sample	
D0419	Assessment of salivary flow by measurement	
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	
D0423	Genetic test for susceptibility to diseases - specimen analysis	
D0425	Caries susceptibility tests	

## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network	
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures	100%	
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen includes coronavirus		
D0605	Antibody testing for a public health related pathogen includes coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- complete series of radiographic images - image capture only		
D0801	3D intraoral surface scan - direct		
D0802	3D dental surface scan - indirect		
D0803	3D facial surface scan - direct		
D0804	3D facial surface scan - indirect		
Preventive - as needed, subject to annual maximum			
D1110	Prophylaxis-adult		100%
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		





## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Preventive - as needed, subject to annual maximum (continued)		
D1301	Immunization counseling	100%
D1310	Nutritional counseling for control of dental disease	
D1320	Tobacco counseling for the control and prevention of oral disease	
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use	
D1330	Oral hygiene instructions	
D1351	Sealant - per tooth	
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth	
D1353	Sealant repair per tooth	
D1354	Interim caries arresting medicament application - per tooth	
D1355	Caries preventive medicament application - per tooth	
D1510	Space maintainer - fixed - unilateral - per quadrant	
D1516	Space maintainer - fixed - bilateral, maxillary	
D1517	Space maintainer - fixed - bilateral, mandibular	
D1520	Space maintainer - removable - unilateral - per quadrant	
D1526	Space maintainer - removable - bilateral, maxillary	
D1527	Space maintainer - removable - bilateral, mandibular	
D1551	Re-cement or re-bond bilateral space maintainer - maxillary	
D1552	Re-cement or re-bond bilateral space maintainer - mandibular	
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant	
D1556	Removal of fixed unilateral space maintainer- per quadrant	
D1557	Removal of fixed bilateral space maintainer - maxillary	
D1558	Removal of fixed bilateral space maintainer - mandibular	
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant	
Restorative - as needed, subject to annual maximum		
D2140	Amalgam - one surface, primary or permanent	100%
D2150	Amalgam - two surfaces, primary or permanent	
D2160	Amalgam - three surfaces, primary or permanent	
D2161	Amalgam - four or more surfaces, primary or permanent	
D2330	Resin-based composite - one surface, anterior	
D2331	Resin-based composite - two surfaces, anterior	
D2332	Resin-based composite - three surfaces, anterior	
D2335	Resin-based composite - four or more surfaces (anterior)	
D2390	Resin-based composite crown, anterior	
D2391	Resin-based composite - one surface, posterior	
D2392	Resin-based composite - two surfaces, posterior	
D2393	Resin-based composite - three surfaces, posterior	
D2394	Resin-based composite - four or more surfaces, posterior	
*D2410	Gold foil - one surface	
*D2420	Gold foil - two surfaces	
*D2430	Gold foil - three surfaces	
D2510	Inlay - metallic - one surface	
D2520	Inlay - metallic - two surfaces	
D2530	Inlay - metallic - three or more surfaces	
D2542	Onlay - metallic - two surfaces	



## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Restorative - as needed, subject to annual maximum (continued)		
D2543	Onlay - metallic - three surfaces	100%
D2544	Onlay - metallic - four or more surfaces	
*D2610	Inlay - porcelain/ceramic - one surface	
*D2620	Inlay - porcelain/ceramic - two surfaces	
*D2630	Inlay - porcelain/ceramic - three or more surfaces	
*D2642	Onlay - porcelain/ceramic - two surfaces	
*D2643	Onlay - porcelain/ceramic - three surfaces	
*D2644	Onlay - porcelain/ceramic - four or more surfaces	
D2650	Inlay - resin-based composite - one surface	
D2651	Inlay - resin-based composite - two surfaces	
D2652	Inlay - resin-based composite - three or more surfaces	
*D2662	Onlay - resin-based composite - two surfaces	
*D2663	Onlay - resin-based composite - three surfaces	
*D2664	Onlay - resin-based composite - four or more surfaces	
D2710	Crown - resin-based composite (indirect)	
*D2712	Crown - ¾ resin-based composite (indirect)	
*D2720	Crown - resin with high noble metal	
*D2721	Crown - resin with predominantly base metal	
*D2722	Crown - resin with noble metal	
*D2740	Crown - porcelain/ceramic	
*D2750	Crown - porcelain fused to high noble metal	
*D2751	Crown - porcelain fused to predominantly base metal	
*D2752	Crown - porcelain fused to noble metal	
*D2753	Crown - porcelain fused to titanium or titanium alloy	
*D2780	Crown - ¾ cast high noble metal	
D2781	Crown - ¾ cast predominantly base metal	
D2782	Crown - ¾ cast noble metal	
*D2783	Crown - ¾ porcelain/ ceramic	
*D2790	Crown - full cast high noble metal	
D2791	Crown - full cast predominantly base metal	
D2792	Crown - full cast noble metal	
*D2794	Crown - titanium/titanium alloy	
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression	
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration	
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core	
D2920	Recement or rebond crown	
D2921	Reattachment of tooth fragment, incisal edge or cusp	
D2928	Prefabricated porcelain/ceramic crown - permanent tooth	
D2929	Prefabricated porcelain/ceramic crown - primary tooth	
D2930	Prefabricated stainless steel crown - primary tooth	
D2931	Prefabricated stainless steel crown - permanent tooth	
D2932	Prefabricated resin crown	
D2933	Prefabricated stainless steel crown with resin window	
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth	
D2940	Protective restoration	



### Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Restorative - as needed, subject to annual maximum (continued)		
D2949	Restorative foundation for an indirect restoration	100%
D2950	Core buildup, including any pins when required	
D2951	Pin retention - per tooth, in addition to restoration	
D2952	Indirectly fabricated post and core in addition to crown	
D2953	Each additional indirectly fabricated post - same tooth	
D2954	Prefabricated post and core in addition to crown	
D2955	Post removal	
D2956	Removal of an indirect restoration on a natural tooth	
D2957	Each additional prefabricated post in the same tooth	
D2960	Labial veneer (resin laminate) - direct	
D2961	Labial veneer (resin laminate) - indirect	
D2962	Labial veneer (porcelain laminate) - indirect	
D2971	Additional procedures to construct new crown under existing partial denture framework	
D2975	Coping	
D2976	Band stabilization - per tooth	
D2980	Crown repair, necessitated by restorative material failure	
D2981	Inlay repair, necessitated by restorative material failure	
D2982	Onlay repair, necessitated by restorative material failure	
D2983	Veneer repair, necessitated by restorative material failure	
D2989	Excavation of a tooth resulting in the determination of non-restorability	
D2990	Resin infiltration of incipient smooth surface lesions	
D2991	Application of hydroxyapatite regeneration medicament - per tooth	
Endodontics - as needed, subject to annual maximum		
D3110	Pulp cap - direct (excluding final restoration)	100%
D3120	Pulp cap - indirect (excluding final restoration)	
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament	
D3221	Pulpal debridement, primary and permanent teeth	
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development	
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)	
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)	
D3310	Endodontic therapy, anterior tooth (excluding final restoration)	
D3320	Endodontic therapy, premolar tooth (excluding final restoration)	
D3330	Endodontic therapy, molar tooth(excluding final restoration)	
D3331	Treatment of root canal obstruction, non-surgical access	
D3332	Incomplete endodontic therapy; inoperable or fractured tooth	
D3333	Internal root repair of perforation defects	
D3346	Retreatment of previous root canal therapy - anterior	
D3347	Retreatment of previous root canal therapy - premolar	
D3348	Retreatment of previous root canal therapy - molar	
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)	
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)	



### Essential INN Only EPO (continued)

Plan Coverage Details:		In Network	
CDT Code	Description		
Endodontics - as needed, subject to annual maximum (continued)			
D3355	Pulpal regeneration - initial visit	100%	
D3356	Pulpal regeneration-interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional reimplantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
Periodontics - as needed, subject to annual maximum			
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant		100%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant		
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant		
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		



## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Periodontics - as needed, subject to annual maximum (continued)		
D4270	Pedicle soft tissue graft procedure	100%
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft	
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)	
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft	
D4276	Combined connective tissue and double pedicle graft	
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft	
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site	
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site	
D4286	Removal of non-resorbable barrier	
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns	
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns	
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant	
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant	
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation	
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit	
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth	
D4910	Periodontal maintenance	
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)	
D4921	Gingival irrigation - per quadrant	
Removable Prosthodontics - as needed, subject to annual maximum		
D5110	Complete denture, maxillary	100%
D5120	Complete denture, mandibular	
D5130	Immediate denture, maxillary	
D5140	Immediate denture, mandibular	
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)	
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)	
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)	
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)	
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)	
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)	



## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Removable Prosthodontics - as needed, subject to annual maximum (continued)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)	100%
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary	
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular	
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant	
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant	
D5410	Adjust complete denture - maxillary	
D5411	Adjust complete denture - mandibular	
D5421	Adjust partial denture - maxillary	
D5422	Adjust partial denture - mandibular	
D5511	Repair broken complete denture base, mandibular	
D5512	Repair broken complete denture base, maxillary	
D5520	Replace missing or broken teeth - complete denture - per tooth	
D5611	Repair resin partial denture base, mandibular	
D5612	Repair resin partial denture base, maxillary	
D5621	Repair cast partial framework, mandibular	
D5622	Repair cast partial framework, maxillary	
D5630	Repair or replace broken retentive clasping materials - per tooth	
D5640	Replace missing or broken teeth - partial denture - per tooth	
D5650	Add tooth to existing partial denture - per tooth	
D5660	Add clasp to existing partial denture - per tooth	
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	
D5710	Rebase complete maxillary	
D5711	Rebase complete mandibular denture	
D5720	Rebase maxillary partial denture	
D5721	Rebase mandibular partial denture	
D5725	Rebase hybrid prosthesis	
D5730	Reline complete maxillary (direct)	
D5731	Reline complete mandibular denture (direct)	
D5740	Reline maxillary partial denture (direct)	
D5741	Reline mandibular partial denture (direct)	
D5750	Reline complete maxillary denture (indirect)	
D5751	Reline complete mandibular denture (indirect)	
D5760	Reline maxillary partial denture (indirect)	
D5761	Reline mandibular partial denture (indirect)	
D5765	Soft liner for complete or partial removable denture (indirect)	
D5810	Interim complete denture (maxillary)	
D5811	Interim complete denture (mandibular)	
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary	
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular	
D5850	Tissue conditioning, maxillary	
D5851	Tissue conditioning, mandibular	



## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Removable Prosthodontics - as needed, subject to annual maximum (continued)		
D5862	Precision attachment, by report	100%
*D5863	Overdenture - complete maxillary	
*D5864	Overdenture - partial maxillary	
*D5865	Overdenture - complete mandibular	
*D5866	Overdenture - partial mandibular	
D5867	Replacement of semi-precision or precision attachment (male or female component)	
D5876	Add metal substructure to acrylic full denture (per arch)	
Maxillofacial Prosthetics - as needed, subject to annual maximum		
D5991	Vesiculobullous disease medicament carrier	100%
D5992	Adjustment maxillofacial prosthetic appliance	
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report	
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary	
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular	
Fixed Prosthodontics - as needed, subject to annual maximum		
*D6205	Pontic -indirect resin based composite	100%
D6210	Pontic - indirectly fabricated high noble metal	
D6211	Pontic - indirectly fabricated predominantly base metal	
D6212	Pontic - indirectly fabricated noble metal	
D6214	Pontic - titanium or titanium alloys	
*D6240	Pontic - porcelain fused to high noble metal	
*D6241	Pontic - porcelain fused to predominantly base metal	
*D6242	Pontic - porcelain fused to noble metal	
*D6243	Pontic - porcelain fused to titanium or titanium alloys	
*D6245	Pontic - porcelain/ ceramic	
*D6250	Pontic - resin with high noble metal	
*D6251	Pontic - resin with predominantly base metal	
*D6252	Pontic - resin with noble metal	
D6253	Provisional Pontic	
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis	
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis	
D6549	Resin retainer - for resin bonded fixed prosthesis	
D6600	Retainer inlay - porcelain/ceramic, two surfaces	
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces	
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces	
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces	
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces	
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces	
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces	
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces	
D6608	Retainer onlay - porcelain/ceramic, two surfaces	
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces	
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces	
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces	
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces	

## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network	
CDT Code	Description		
Fixed Prosthodontics - as needed, subject to annual maximum (continued)			
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces	100%	
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces		
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
*D6710	Retainer crown - indirect resin based composite		
*D6720	Retainer crown - resin fused to high noble metal		
*D6721	Retainer crown - resin with predominantly base metal		
*D6722	Retainer crown - resin with noble metal		
*D6740	Retainer crown - porcelain/ceramic		
*D6750	Retainer crown - porcelain fused to high noble metal		
*D6751	Retainer crown - porcelain fused to predominantly base metal		
*D6752	Retainer crown - porcelain fused to noble metal		
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal		
*D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown <sup>3</sup> / <sub>4</sub> - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
D6793	Provisional retainer crown		
D6794	Retainer crown - titanium or titanium alloys		
D6920	Connector bar		
D6930	Recement or rebond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
Extractions - one per tooth per lifetime, subject to annual maximum			
D7111	Extraction, coronal remnants - primary tooth		100%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)		
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum			
D7251	Coronectomy - intentional partial tooth removal	100%	
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)		





## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Oral and Maxillofacial Surgery - as needed, subject to annual maximum (continued)		
D7280	Exposure of an unerupted tooth	100%
D7282	Mobilization of erupted or malpositioned tooth	
D7283	Placement of device to facilitate eruption of impacted tooth	
D7290	Surgical repositioning of teeth	
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report	
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal	
D7293	Placement of temporary anchorage device requiring flap; includes device removal	
D7294	Placement of temporary anchorage device without flap; includes device removal	
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap	
D7299	Removal of temporary anchorage device requiring flap	
D7300	Removal of temporary anchorage device without flap	
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant	
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant	
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant	
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)	
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)	
D7471	Removal of lateral exostosis	
D7472	Removal of torus palatinus	
D7473	Removal of torus mandibularis	
D7485	Reduction of osseous tuberosity	
D7921	Collection and application of autologous blood concentrate product	
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site	
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation	
D7953	Bone replacement graft for ridge preservation - per site	
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site	
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site	
D7961	Buccal/labial frenectomy (frenulectomy)	
D7962	Lingual frenectomy (frenulectomy)	
D7963	Frenuloplasty	
D7970	Excision of hyperplastic tissue - per arch	
D7971	Excision of pericoronal gingiva	
D7972	Surgical reduction of fibrous tuberosity	
D7979	Non - surgical sialolithotomy	
D7998	Intraoral placement of a fixation device not in conjunction with a fracture	
Adjunctive General Services - as needed, subject to annual maximum		
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%
D9120	Fixed partial denture sectioning	
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies	
D9210	Local anesthesia not in conjunction with operative or surgical procedures	
D9211	Regional block anesthesia	
D9212	Trigeminal division block anesthesia	
D9215	Local anesthesia in conjunction with operative or surgical procedures	
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia	

## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Adjunctive General Services - as needed, subject to annual maximum (continued)		
D9222	Deep sedation/general anesthesia - first 15 minute increment	100%
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment	
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia	
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes	
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment	
D9248	Non-intravenous (conscious) sedation	
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)	
D9311	Consultation with medical health care professional	
D9410	House/extended care facility call	
D9420	Hospital or ambulatory surgical center call	
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed	
D9440	Office visit - after regularly scheduled hours	
D9450	Case presentation, detailed and extensive treatment planning	
D9610	Therapeutic drug injection, by report	
D9612	Therapeutic parenteral drugs, two or more administrations, different medications	
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites	
D9630	Drugs or medicaments dispensed in the office for home use, by report	
D9910	Application of desensitizing medicaments	
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth	
D9912	Pre-visit patient screening	
D9920	Behavior management, by report	
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report	
D9932	Cleaning and inspection of removable complete denture, maxillary	
D9933	Cleaning and inspection of removable complete denture, mandibular	
D9934	Cleaning and inspection of removable partial denture, maxillary	
D9935	Cleaning and inspection of removable partial denture, mandibular	
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance	
D9939	Placement of a custom removable plastic temporary aesthetic appliance	
D9941	Fabrication of athletic mouthguard	
D9942	Repair and/or reline of an occlusal guard	
D9943	Occlusal guard adjustment	
D9944	Occlusal guard - hard appliance, full arch	
D9945	Occlusal guard - soft appliance, full arch	
D9946	Oocclusal guard - hard appliance, partial arch	
D9947	Custom sleep apnea appliance fabrication and placement	
D9948	Adjustment of custom sleep apnea appliance	
D9949	Repair of custom sleep apnea appliance	
D9950	Occlusion analysis - mounted case, including all related procedures	
D9951	Occlusal adjustment - limited	
D9952	Occlusal adjustment - complete	
D9953	Reline custom sleep apnea appliance (indirect)	
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device	
D9955	Oral appliance therapy (OAT) titration visit	
D9970	Enamel microabrasion	
D9971	Odontoplasty per tooth	



## Essential INN Only EPO (continued)

Plan Coverage Details:		In Network
CDT Code	Description	
Adjunctive General Services - as needed, subject to annual maximum (continued)		
D9992	Dental case management - care coordination	100%
D9993	Dental case management - motivational interviewing	
D9994	Dental case management - patient education to improve oral health literacy	
D9995	Teledentistry - synchronous; real-time encounter	
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review	
D9997	Dental case management - patients with special health care needs	

\* Procedure may be subject to alternate benefits

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

## Medical Necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.

## Alternate Benefits

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

## Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may pay for proposed services. The estimate is not a guarantee of coverage and payment. An estimate is recommended whenever a course of dental treatment is likely to cost more than \$350.



## Aetna Medicare Advantage



### Essential EPO POS 100/80, Essential PPO 100/80

This Aetna Dental Medicare plan offers in network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Covered services performed by out of network Provider are reimbursed at 80%
- Annual maximum varies by contract
- Clinical claim review may be performed
- Frequency limitations may apply
- Alternate benefits may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Exams - two procedures per calendar year, subject to annual maximum			
D0120	Periodic oral evaluation - established patient	100%	80%
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)		
D0171	Re-evaluation - post- operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intra-oral complete series of radiographic images		
D0220	Intraoral - periapical-first radiographic image		
D0230	Intraoral- periapical each additional radiographic image		
D0240	Intraoral-occlusal radiographic image		
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewings-single radiographic images		
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		
D0277	Vertical Bitewings - 7 to 8 radiographic images		



**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Exams - two procedures per calendar year, subject to annual maximum (continued)			
D0310	Sialography		
D0320	Temporomandibular arthrogram including injection		
D0321	Other TMJ radiographies images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium		
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0369	Maxillofacial MRI capture and interpretation		
D0370	Maxillofacial ultrasound, capture and interpretation		
D0371	Sialoendoscopy -capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw		
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible		
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium	100%	80%
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium		
D0384	Cone beam CT capture image for TMJ series including two or more exposures		
D0385	Maxillofacial MRI image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Treatment simulation using 3-D image volume		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3-D image volumes of the same modality		
D0396	3D Printing of a 3D surface scan		
D0411	HbA1c in-office point of service testing		
D0412	Blood glucose level test: in office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		
D0418	Analysis of saliva sample		
D0419	Assessment of salivary flow by measurement		
D0422	Collection and preparation of genetic sample material for laboratory analysis and report		

## Essential EPO POS 100/80, Essential PPO 100/80 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Exams - two procedures per calendar year, subject to annual maximum (continued)			
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures		
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source	100%	80%
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen includes coronavirus		
D0605	Antibody testing for a public health related pathogen includes coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- complete series of radiographic images - image capture only		
D0801	3D intraoral surface scan - direct		
D0802	3D dental surface scan - indirect		
D0803	3D facial surface scan - direct		
D0804	3D facial surface scan - indirect		



### Essential EPO POS 100/80, Essential PPO 100/80 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Preventive - as needed, subject to annual maximum			
D1110	Prophylaxis-adult	100%	80%
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth		
D1353	Sealant repair per tooth		
D1354	Interim caries arresting medicament application - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed - unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable - unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer- per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant		
Restorative - as needed, subject to annual maximum			
D2140	Amalgam - one surface, primary or permanent	100%	80%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
*D2410	Gold foil - one surface		
*D2420	Gold foil - two surfaces		
*D2430	Gold foil - three surfaces		

**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative - as needed, subject to annual maximum (continued)			
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
*D2610	Inlay - porcelain/ceramic - one surface		
*D2620	Inlay - porcelain/ceramic - two surfaces		
*D2630	Inlay - porcelain/ceramic - three or more surfaces		
*D2642	Onlay - porcelain/ceramic - two surfaces		
*D2643	Onlay - porcelain/ceramic - three surfaces		
*D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
*D2662	Onlay - resin-based composite - two surfaces		
*D2663	Onlay - resin-based composite - three surfaces		
*D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
*D2712	Crown - ¾ resin-based composite (indirect)		
*D2720	Crown - resin with high noble metal		
*D2721	Crown - resin with predominantly base metal	100%	80%
*D2722	Crown - resin with noble metal		
*D2740	Crown - porcelain/ceramic		
*D2750	Crown - porcelain fused to high noble metal		
*D2751	Crown - porcelain fused to predominantly base metal		
*D2752	Crown - porcelain fused to noble metal		
*D2753	Crown - porcelain fused to titanium or titanium alloy		
*D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
*D2783	Crown - ¾ porcelain/ ceramic		
*D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
*D2794	Crown - titanium/titanium alloy		
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Recement or rebond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		





**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Restorative - as needed, subject to annual maximum (continued)					
D2931	Prefabricated stainless steel crown - permanent tooth	100%	80%		
D2932	Prefabricated resin crown				
D2933	Prefabricated stainless steel crown with resin window				
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth				
D2940	Protective restoration				
D2949	Restorative foundation for an indirect restoration				
D2950	Core buildup, including any pins when required				
D2951	Pin retention - per tooth, in addition to restoration				
D2952	Indirectly fabricated post and core in addition to crown				
D2953	Each additional indirectly fabricated post - same tooth				
D2954	Prefabricated post and core in addition to crown				
D2955	Post removal				
D2956	Removal of an indirect restoration on a natural tooth				
D2957	Each additional prefabricated post in the same tooth				
D2960	Labial veneer (resin laminate) - direct				
D2961	Labial veneer (resin laminate) - indirect				
D2962	Labial veneer (porcelain laminate) - indirect				
D2971	Additional procedures to construct new crown under existing partial denture framework				
D2975	Coping				
D2976	Band stabilization - per tooth				
D2980	Crown repair, necessitated by restorative material failure				
D2981	Inlay repair, necessitated by restorative material failure				
D2982	Onlay repair, necessitated by restorative material failure				
D2983	Veneer repair, necessitated by restorative material failure				
D2989	Excavation of a tooth resulting in the determination of non-restorability				
D2990	Resin infiltration of incipient smooth surface lesions				
D2991	Application of hydroxyapatite regeneration medicament - per tooth				
Endodontics - as needed, subject to annual maximum					
D3110	Pulp cap - direct (excluding final restoration)			100%	80%
D3120	Pulp cap - indirect (excluding final restoration)				
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinocemental junction and application of medicament				
D3221	Pulpal debridement, primary and permanent teeth				
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development				
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)				
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)				
D3310	Endodontic therapy, anterior tooth (excluding final restoration)				
D3320	Endodontic therapy, premolar tooth (excluding final restoration)				
D3330	Endodontic therapy, molar tooth(excluding final restoration)				
D3331	Treatment of root canal obstruction, non-surgical access				
D3332	Incomplete endodontic therapy; inoperable or fractured tooth				
D3333	Internal root repair of perforation defects				
D3346	Retreatment of previous root canal therapy - anterior				
D3347	Retreatment of previous root canal therapy - premolar				

**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Endodontics - as needed, subject to annual maximum (continued)			
D3348	Retreatment of previous root canal therapy - molar	100%	80%
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)		
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)		
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/calcific repair of perforations, root resorption, etc.)		
D3355	Pulpal regeneration - initial visit		
D3356	Pulpal regeneration-interim medication replacement		
D3357	Pulpal regeneration - completion of treatment		
D3410	Apicoectomy - anterior		
D3421	Apicoectomy - premolar (first root)		
D3425	Apicoectomy - molar (first root)		
D3426	Apicoectomy (each additional root)		
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site		
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.		
D3430	Retrograde filling - per root		
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery		
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery		
D3450	Root amputation - per root		
D3470	Intentional reimplantation (including necessary splinting)		
D3471	Surgical repair of root resorption - anterior		
D3472	Surgical repair of root resorption - premolar		
D3473	Surgical repair of root resorption - molar		
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior		
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar		
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar		
D3910	Surgical procedure for isolation of tooth with rubber dam		
D3920	Hemisection (including any root removal), not including root canal therapy		
D3921	Decoronation or submergence of an erupted tooth		
D3950	Canal preparation and fitting of preformed dowel or post		
Periodontics - as needed, subject to annual maximum			
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant	100%	80%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant		
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth		
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant		
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant		
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant		
D4245	Apically positioned flap		
D4249	Clinical crown lengthening - hard tissue		
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant		



**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Periodontics - as needed, subject to annual maximum (continued)			
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant	100%	80%
D4263	Bone replacement graft - retained natural tooth - first site in quadrant		
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and double pedicle graft		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit		
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)		
D4921	Gingival irrigation - per quadrant		
Removable Prosthodontics - as needed, subject to annual maximum			
D5110	Complete denture, maxillary	100%	80%
D5120	Complete denture, mandibular		
D5130	Immediate denture, maxillary		
D5140	Immediate denture, mandibular		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)		
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		



**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular	100%	80%
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth		
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		

**Essential EPO POS 100/80, Essential PPO 100/80** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5751	Reline complete mandibular denture (indirect)	100%	80%
D5760	Reline maxillary partial denture (indirect)		
D5761	Reline mandibular partial denture (indirect)		
D5765	Soft liner for complete or partial removable denture (indirect)		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
*D5863	Overdenture - complete maxillary		
*D5864	Overdenture - partial maxillary		
*D5865	Overdenture - complete mandibular		
*D5866	Overdenture - partial mandibular		
D5867	Replacement of semi-precision or precision attachment (male or female component)		
D5876	Add metal substructure to acrylic full denture (per arch)		
Maxillofacial Prosthetics - as needed, subject to annual maximum			
D5991	Vesiculobullous disease medicament carrier	100%	80%
D5992	Adjustment maxillofacial prosthetic appliance		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular		
Fixed Prosthodontics - as needed, subject to annual maximum			
*D6205	Pontic -indirect resin based composite	100%	80%
D6210	Pontic - indirectly fabricated high noble metal		
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
D6214	Pontic - titanium or titanium alloys		
*D6240	Pontic - porcelain fused to high noble metal		
*D6241	Pontic - porcelain fused to predominantly base metal		
*D6242	Pontic - porcelain fused to noble metal		
*D6243	Pontic - porcelain fused to titanium or titanium alloys		
*D6245	Pontic - porcelain/ ceramic		
*D6250	Pontic - resin with high noble metal		
*D6251	Pontic - resin with predominantly base metal		
*D6252	Pontic - resin with noble metal		
D6253	Provisional Pontic		
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces		
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces		

**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Fixed Prosthodontics - as needed, subject to annual maximum (continued)			
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces	100%	80%
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces		
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces		
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces		
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces		
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces		
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces		
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces		
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
*D6710	Retainer crown - indirect resin based composite		
*D6720	Retainer crown - resin fused to high noble metal		
*D6721	Retainer crown - resin with predominantly base metal		
*D6722	Retainer crown - resin with noble metal		
*D6740	Retainer crown - porcelain/ceramic		
*D6750	Retainer crown - porcelain fused to high noble metal		
*D6751	Retainer crown - porcelain fused to predominantly base metal		
*D6752	Retainer crown - porcelain fused to noble metal		
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal		
*D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown <sup>3</sup> / <sub>4</sub> - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
D6793	Provisional retainer crown		
D6794	Retainer crown - titanium or titanium alloys		
D6920	Connector bar		
D6930	Recement or rebond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
Extractions - one per tooth per lifetime, subject to annual maximum			
D7111	Extraction, coronal remnants - primary tooth	100%	80%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)		
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		



**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Extractions - one per tooth per lifetime, subject to annual maximum (continued)			
D7220	Removal of impacted tooth - soft tissue	100%	80%
D7230	Removal of impacted tooth - partially bony		
D7240	Removal of impacted - completely bony		
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum			
D7251	Coronectomy - intentional partial tooth removal	100%	80%
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report		
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		
D7293	Placement of temporary anchorage device requiring flap; includes device removal		
D7294	Placement of temporary anchorage device without flap; includes device removal		
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap		
D7299	Removal of temporary anchorage device requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal/labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		



**Essential EPO POS 100/80, Essential PPO 100/80 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum (continued)			
D7979	Non - surgical sialolithotomy	100%	80%
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		
Adjunctive General Services - as needed, subject to annual maximum			
D9110	Palliative (emergency) treatment of dental pain - minor procedures	100%	80%
D9120	Fixed partial denture sectioning		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Deep sedation/general anesthesia - first 15 minute increment		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		
D9230	Inhalation of nitrous oxide/anoxiolysis, analgesia		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		
D9248	Non-intravenous (conscious) sedation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		
D9311	Consultation with medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, detailed and extensive treatment planning		
D9610	Therapeutic drug injection, by report		
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites		
D9630	Drugs or medicaments dispensed in the office for home use, by report		
D9910	Application of desensitizing medicaments		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of an occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		



## Essential EPO POS 100/80, Essential PPO 100/80 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum (continued)			
D9946	Oocclusal guard - hard appliance, partial arch	100%	80%
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		
D9949	Repair of custom sleep apnea appliance		
D9950	Occlusion analysis - mounted case, including all related procedures		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device		
D9955	Oral appliance therapy (OAT) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty per tooth		
D9992	Dental case management - care coordination		
D9993	Dental case management - motivational interviewing		
D9994	Dental case management - patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

\* Procedure may be subject to alternate benefits

\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna

### Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

### Medical Necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease

**Essential EPO POS 100/80, Essential PPO 100/80** (continued)**Medical Necessity** (continued)

2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

**Alternate Benefits**

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

**Pretreatment Estimates**

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### Essential EPO POS 100/50, Essential PPO 100/50

This Aetna Dental Medicare plan offers in network coverage for both preventive and comprehensive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Covered services performed by out of network Provider are reimbursed at 50%
- Annual maximum varies by contract
- Annual maximum applies to all services
- Clinical claim review may be performed
- Frequency limitations may apply
- Alternate benefits may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes / services not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum			
D0120	Periodic oral evaluation - established patient	100%	50%
D0140	Limited oral evaluation - problem focused		
D0145	Oral evaluation for patient under three years of age and counseling with primary care giver		
D0150	Comprehensive oral evaluation - new or established patient		
D0160	Detailed and extensive oral evaluation - problem focused, by report		
D0170	Re-evaluation - limited, problem focused (established patient, not post-operative visit)		
D0171	Re-evaluation - post- operative office visit		
D0180	Comprehensive periodontal evaluation - new or established patient		
D0190	Screening of a patient		
D0191	Assessment of a patient		
D0210	Intra-oral complete series of radiographic images		
D0220	Intraoral - periapical-first radiographic image		
D0230	Intraoral- periapical each additional radiographic image		
D0240	Intraoral-occlusal radiographic image		
D0250	Extra-oral - 2D projection radiographic image created using a stationary radiation source, and detector		
D0251	Extra-oral posterior dental radiographic image		
D0270	Bitewings-single radiographic images		
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		

**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0277	Vertical Bitewings - 7 to 8 radiographic images		
D0310	Sialography		
D0320	Temporomandibular arthrogram including injection		
D0321	Other TMJ radiographies images, by report		
D0322	Tomographic survey		
D0330	Panoramic radiographic image		
D0340	2D Cephalometric radiographic image - acquisition, measurement and analysis		
D0350	2D oral/facial photographic image obtained intra-orally or extra-orally		
D0364	Cone beam CT capture and interpretation with limited field of view less than one whole jaw		
D0365	Cone beam CT capture and interpretation with field of view of one full dental arch - mandible		
D0366	Cone beam CT capture and interpretation with field of view one full dental arch - maxilla with or without cranium		
D0367	Cone beam CT capture and interpretation with field of view of both jaws with or without cranium		
D0368	Cone beam CT capture and interpretation for TMJ series including two or more exposures		
D0369	Maxillofacial MRI capture and interpretation		
D0370	Maxillofacial ultrasound, capture and interpretation		
D0371	Sialoendoscopy -capture and interpretation		
D0372	Intraoral tomosynthesis - comprehensive series of radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
D0374	Intraoral tomosynthesis - periapical radiographic image		
D0380	Cone beam CT image capture with limited field of view - less than one whole jaw		
D0381	Cone beam CT image capture with field of view of one full dental arch - mandible		
D0382	Cone beam CT image capture with field of view one full dental arch-- maxilla, with and without cranium	100%	50%
D0383	Cone beam CT image capture with field of view of both jaws, with or without cranium		
D0384	Cone beam CT capture image for TMJ series including two or more exposures		
D0385	Maxillofacial MRI image capture		
D0386	Maxillofacial ultrasound image capture		
D0387	Intraoral tomosynthesis - comprehensive series of radiographic images - image capture only		
D0388	Intraoral tomosynthesis - bitewing radiographic image - image capture only		
D0389	Intraoral tomosynthesis-periapical radiographic image- image capture only		
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report		
D0393	Treatment simulation using 3-D image volume		
D0394	Digital subtraction of two or more images or image volumes of the same modality		
D0395	Fusion of two or more 3-D image volumes of the same modality		
D0396	3D Printing of a 3D surface scan		
D0411	HbA1c in-office point of service testing		
D0412	Blood glucose level test: in office using a glucose meter		
D0414	Laboratory processing of microbial specimen to include culture and sensitivity studies, preparation and transmission of written report		
D0415	Collection of microorganisms for culture and sensitivity		
D0416	Viral culture		
D0417	Collection and preparation of saliva sample for laboratory diagnostic testing		
D0418	Analysis of saliva sample		
D0419	Assessment of salivary flow by measurement		



### Essential EPO POS 100/50, Essential PPO 100/50 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Diagnostic - as needed, subject to annual maximum (continued)			
D0422	Collection and preparation of genetic sample material for laboratory analysis and report	100%	50%
D0423	Genetic test for susceptibility to diseases - specimen analysis		
D0425	Caries susceptibility tests		
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosa[ abnormalities including premalignant, not to include cytology or biopsy procedures		
D0460	Pulp vitality tests		
D0470	Diagnostic casts		
D0472	Accession of tissue, gross examination, preparation and transmission of written report		
D0473	Accession of tissue, gross and microscopic examination, preparation and transmission of written report		
D0474	Accession of tissue, gross and microscopic examination including assessment of surgical		
D0475	Decalcification procedure		
D0476	Special stains for microorganisms		
D0477	Special stains, not for microorganisms		
D0478	Immunohistochemical stains		
D0479	Tissue in situ hybridization, including interpretation		
D0480	Accession of exfoliative cytologic smears, microscopic examination, preparation and transmission of written report		
D0481	Electron microscopy		
D0482	Direct immunofluorescence		
D0483	Indirect immunofluorescence		
D0484	Consultation on slides prepared elsewhere		
D0485	Consultation, including preparation of slides from biopsy material supplied by referring source		
D0486	Accession of transepithelial cytologic sample, microscopic examination, preparation and transmission of written report		
D0502	Other oral pathology procedures, by report		
D0600	Non-ionizing diagnostic procedure capable of quantifying, monitoring and recording changes in structure of enamel, dentin and cementum		
D0601	Caries risk assessment and documentation, with a finding of low risk		
D0602	Caries risk assessment and documentation, with a finding of moderate risk		
D0603	Caries risk assessment and documentation, with a finding of high risk		
D0604	Antigen testing for a public health related pathogen includes coronavirus		
D0605	Antibody testing for a public health related pathogen includes coronavirus		
D0701	Panoramic radiographic image - image capture only		
D0702	2-D cephalometric radiographic image - image capture only		
D0703	2-D oral/facial photographic image obtained intra-orally or extra-orally- image capture only		
D0705	Extra-oral posterior dental radiographic image - image capture only		
D0706	Intraoral - occlusal radiographic image - image capture only		
D0707	Intraoral - periapical radiographic image - image capture only		
D0708	Intraoral - bitewing radiographic image - image capture only		
D0709	Intraoral- complete series of radiographic images - image capture only		
D0801	3D intraoral surface scan - direct		
D0802	3D dental surface scan - indirect		
D0803	3D facial surface scan - direct		
D0804	3D facial surface scan - indirect		

**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Preventive - as needed, subject to annual maximum			
D1110	Prophylaxis-adult	100%	50%
D1120	Prophylaxis - child		
D1206	Topical application of fluoride varnish		
D1208	Topical application of fluoride - excluding varnish		
D1301	Immunization counseling		
D1310	Nutritional counseling for control of dental disease		
D1320	Tobacco counseling for the control and prevention of oral disease		
D1321	Counseling for the control and prevention of adverse oral, behavioral, and systemic health effects associated with high-risk substance use		
D1330	Oral hygiene instructions		
D1351	Sealant - per tooth		
D1352	Preventive resin restoration in a moderate to high caries risk patient-permanent tooth		
D1353	Sealant repair per tooth		
D1354	Interim caries arresting medicament application - per tooth		
D1355	Caries preventive medicament application - per tooth		
D1510	Space maintainer - fixed - unilateral - per quadrant		
D1516	Space maintainer - fixed - bilateral, maxillary		
D1517	Space maintainer - fixed - bilateral, mandibular		
D1520	Space maintainer - removable - unilateral - per quadrant		
D1526	Space maintainer - removable - bilateral, maxillary		
D1527	Space maintainer - removable - bilateral, mandibular		
D1551	Re-cement or re-bond bilateral space maintainer - maxillary		
D1552	Re-cement or re-bond bilateral space maintainer - mandibular		
D1553	Re-cement or re-bond unilateral space maintainer - per quadrant		
D1556	Removal of fixed unilateral space maintainer- per quadrant		
D1557	Removal of fixed bilateral space maintainer - maxillary		
D1558	Removal of fixed bilateral space maintainer - mandibular		
D1575	Distal shoe space maintainer- fixed - unilateral - per quadrant		
Restorative - as needed, subject to annual maximum			
D2140	Amalgam - one surface, primary or permanent	100%	50%
D2150	Amalgam - two surfaces, primary or permanent		
D2160	Amalgam - three surfaces, primary or permanent		
D2161	Amalgam - four or more surfaces, primary or permanent		
D2330	Resin-based composite - one surface, anterior		
D2331	Resin-based composite - two surfaces, anterior		
D2332	Resin-based composite - three surfaces, anterior		
D2335	Resin-based composite - four or more surfaces (anterior)		
D2390	Resin-based composite crown, anterior		
D2391	Resin-based composite - one surface, posterior		
D2392	Resin-based composite - two surfaces, posterior		
D2393	Resin-based composite - three surfaces, posterior		
D2394	Resin-based composite - four or more surfaces, posterior		
*D2410	Gold foil - one surface		
*D2420	Gold foil - two surfaces		
*D2430	Gold foil - three surfaces		

**Essential EPO POS 100/50, Essential PPO 100/50** (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative - as needed, subject to annual maximum (continued)			
D2510	Inlay - metallic - one surface		
D2520	Inlay - metallic - two surfaces		
D2530	Inlay - metallic - three or more surfaces		
D2542	Onlay - metallic - two surfaces		
D2543	Onlay - metallic - three surfaces		
D2544	Onlay - metallic - four or more surfaces		
*D2610	Inlay - porcelain/ceramic - one surface		
*D2620	Inlay - porcelain/ceramic - two surfaces		
*D2630	Inlay - porcelain/ceramic - three or more surfaces		
*D2642	Onlay - porcelain/ceramic - two surfaces		
*D2643	Onlay - porcelain/ceramic - three surfaces		
*D2644	Onlay - porcelain/ceramic - four or more surfaces		
D2650	Inlay - resin-based composite - one surface		
D2651	Inlay - resin-based composite - two surfaces		
D2652	Inlay - resin-based composite - three or more surfaces		
*D2662	Onlay - resin-based composite - two surfaces		
*D2663	Onlay - resin-based composite - three surfaces		
*D2664	Onlay - resin-based composite - four or more surfaces		
D2710	Crown - resin-based composite (indirect)		
*D2712	Crown - ¾ resin-based composite (indirect)		
*D2720	Crown - resin with high noble metal		
*D2721	Crown - resin with predominantly base metal		
*D2722	Crown - resin with noble metal	100%	50%
*D2740	Crown - porcelain/ceramic		
*D2750	Crown - porcelain fused to high noble metal		
*D2751	Crown - porcelain fused to predominantly base metal		
*D2752	Crown - porcelain fused to noble metal		
*D2753	Crown - porcelain fused to titanium or titanium alloy		
*D2780	Crown - ¾ cast high noble metal		
D2781	Crown - ¾ cast predominantly base metal		
D2782	Crown - ¾ cast noble metal		
*D2783	Crown - ¾ porcelain/ ceramic		
*D2790	Crown - full cast high noble metal		
D2791	Crown - full cast predominantly base metal		
D2792	Crown - full cast noble metal		
*D2794	Crown - titanium/titanium alloy		
D2799	Provisional crown - further treatment or completion of diagnosis necessary prior to final impression		
D2910	Recement or re-bond inlay, onlay, veneer or partial coverage restoration		
D2915	Recement or re-bond indirectly fabricated or prefabricated post and core		
D2920	Recement or rebond crown		
D2921	Reattachment of tooth fragment, incisal edge or cusp		
D2928	Prefabricated porcelain/ceramic crown - permanent tooth		
D2929	Prefabricated porcelain/ceramic crown - primary tooth		
D2930	Prefabricated stainless steel crown - primary tooth		
D2931	Prefabricated stainless steel crown - permanent tooth		

**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Restorative - as needed, subject to annual maximum (continued)			
D2932	Prefabricated resin crown	100%	50%
D2933	Prefabricated stainless steel crown with resin window		
D2934	Prefabricated esthetic coated stainless steel crown-primary tooth		
D2940	Protective restoration		
D2949	Restorative foundation for an indirect restoration		
D2950	Core buildup, including any pins when required		
D2951	Pin retention - per tooth, in addition to restoration		
D2952	Indirectly fabricated post and core in addition to crown		
D2953	Each additional indirectly fabricated post - same tooth		
D2954	Prefabricated post and core in addition to crown		
D2955	Post removal		
D2956	Removal of an indirect restoration on a natural tooth		
D2957	Each additional prefabricated post in the same tooth		
D2960	Labial veneer (resin laminate) - direct		
D2961	Labial veneer (resin laminate) - indirect		
D2962	Labial veneer (porcelain laminate) - indirect		
D2971	Additional procedures to construct new crown under existing partial denture framework		
D2975	Coping		
D2976	Band stabilization - per tooth		
D2980	Crown repair, necessitated by restorative material failure		
D2981	Inlay repair, necessitated by restorative material failure		
D2982	Onlay repair, necessitated by restorative material failure		
D2983	Veneer repair, necessitated by restorative material failure		
D2989	Excavation of a tooth resulting in the determination of non-restorability		
D2990	Resin infiltration of incipient smooth surface lesions		
D2991	Application of hydroxyapatite regeneration medicament - per tooth		
Endodontics - as needed, subject to annual maximum			
D3110	Pulp cap - direct (excluding final restoration)	100%	50%
D3120	Pulp cap - indirect (excluding final restoration)		
D3220	Therapeutic pulpotomy (excluding final restoration) - removal of pulp coronal to the dentinoceamental junction and application of medicament		
D3221	Pulpal debridement, primary and permanent teeth		
D3222	Partial pulpotomy for apexogenesis - permanent tooth with incomplete root development		
D3230	Pulpal therapy (resorbable filling) - anterior, primary tooth (excluding final restoration)		
D3240	Pulpal therapy (resorbable filling) - posterior, primary tooth (excluding final restoration)		
D3310	Endodontic therapy, anterior tooth (excluding final restoration)		
D3320	Endodontic therapy, premolar tooth (excluding final restoration)		
D3330	Endodontic therapy, molar tooth(excluding final restoration)		
D3331	Treatment of root canal obstruction, non-surgical access		
D3332	Incomplete endodontic therapy; inoperable or fractured tooth		
D3333	Internal root repair of perforation defects		
D3346	Retreatment of previous root canal therapy - anterior		
D3347	Retreatment of previous root canal therapy - premolar		
D3348	Retreatment of previous root canal therapy - molar		



**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network		
CDT Code	Description				
Endodontics - as needed, subject to annual maximum (continued)					
D3351	Apexification/recalcification - initial visit (apical closure/calcific repair of perforations, root resorption, etc.)	100%	50%		
D3352	Apexification/recalcification - interim medication replacement (apical closure/calcific repair of perforations, root resorption, pulp space disinfection, etc.)				
D3353	Apexification/recalcification - final visit (includes completed root canal therapy - apical closure/ calcific repair of perforations, root resorption, etc.)				
D3355	Pulpal regeneration - initial visit				
D3356	Pulpal regeneration-interim medication replacement				
D3357	Pulpal regeneration - completion of treatment				
D3410	Apicoectomy - anterior				
D3421	Apicoectomy - premolar (first root)				
D3425	Apicoectomy - molar (first root)				
D3426	Apicoectomy (each additional root)				
D3428	Bone graft in conjunction with periradicular surgery - per tooth; first surgical site				
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in same surgical site.				
D3430	Retrograde filling - per root				
D3431	Biologic materials to aid in soft and osseous tissue regeneration in conjunction with periradicular surgery				
D3432	Guided tissue regeneration, resorbable barrier, per site in conjunction with periradicular surgery				
D3450	Root amputation - per root				
D3470	Intentional reimplantation (including necessary splinting)				
D3471	Surgical repair of root resorption - anterior				
D3472	Surgical repair of root resorption - premolar				
D3473	Surgical repair of root resorption - molar				
D3501	Surgical exposure of root surface without apicoectomy or repair of root resorption - anterior				
D3502	Surgical exposure of root surface without apicoectomy or repair of root resorption - premolar				
D3503	Surgical exposure of root surface without apicoectomy or repair of root resorption -molar				
D3910	Surgical procedure for isolation of tooth with rubber dam				
D3920	Hemisection (including any root removal), not including root canal therapy				
D3921	Decoronation or submergence of an erupted tooth				
D3950	Canal preparation and fitting of preformed dowel or post				
Periodontics - as needed, subject to annual maximum					
D4210	Gingivectomy or gingivoplasty four or more contiguous teeth or bounded tooth spaces per quadrant			100%	50%
D4211	Gingivectomy or gingivoplasty one to three contiguous teeth or bounded tooth spaces per quadrant				
D4212	Gingivectomy or gingivoplasty - to allow access for restorative procedures - per tooth				
D4230	Anatomical crown exposure - four or more contiguous teeth or tooth bounded spaces per quadrant				
D4231	Anatomical crown exposure - one to three teeth or tooth bounded spaces per quadrant				
D4240	Gingival flap procedure, including root planing - four or more contiguous teeth or teeth bounded spaces per quadrant				
D4241	Gingival flap procedure, including root planning - one to three teeth per quadrant				
D4245	Apically positioned flap				
D4249	Clinical crown lengthening - hard tissue				
D4260	Osseous surgery including elevation of a full thickness flap and closure - four or more contiguous teeth or tooth bounded spaces per quadrant				
D4261	Osseous surgery (including elevation of a full thickness flap and closure) - one to three contiguous teeth or tooth bounded spaces per quadrant				

## Essential EPO POS 100/50, Essential PPO 100/50 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Periodontics - as needed, subject to annual maximum (continued)			
D4263	Bone replacement graft - retained natural tooth - first site in quadrant	100%	50%
D4264	Bone replacement graft - retained natural tooth - each additional site in quadrant		
D4265	Biologic materials to aid in soft and osseous tissue regeneration		
D4266	Guided tissue regeneration - resorbable barrier, per site		
D4267	Guided tissue regeneration - nonresorbable barrier, per site, (includes membrane removal)		
D4268	Surgical revision procedure, per tooth		
D4270	Pedicle soft tissue graft procedure		
D4273	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) first tooth, implant, or edentulous tooth position in graft		
D4274	Mesial/distal wedge procedure, single tooth (when not performed in conjunction with surgical procedures in the same anatomical area)		
D4275	Non-autogenous connective tissue graft (including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft		
D4276	Combined connective tissue and double pedicle graft		
D4277	Free soft tissue graft procedure (including recipient and donor surgical sites) - first tooth, implant or edentulous tooth site in graft		
D4278	Free soft tissue graft procedure (including recipient and donor surgical sites) -each additional contiguous tooth, implant, or edentulous tooth position in same graft site		
D4283	Autogenous connective tissue graft procedure (including donor and recipient surgical sites) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4285	Non-autogenous connective tissue graft procedure (including recipient surgical site and donor material) - each additional contiguous tooth, implant or edentulous tooth position in same graft site		
D4286	Removal of non-resorbable barrier		
D4322	Splint - intra-coronal; natural teeth or prosthetic crowns		
D4323	Splint - extra-coronal; natural teeth or prosthetic crowns		
D4341	Periodontal scaling and root planing - four or more contiguous teeth or teeth bounded spaces per quadrant		
D4342	Periodontal scaling and root planning, one to three teeth, per quadrant		
D4346	Scaling in the presence of generalized moderate or severe gingival inflammation - full mouth, after oral evaluation		
D4355	Full mouth debridement to enable comprehensive oral evaluation and diagnosis on subsequent visit		
D4381	Localized delivery of antimicrobial agents via controlled release vehicle into diseased crevicular tissue, per tooth		
D4910	Periodontal maintenance		
D4920	Unscheduled dressing change (by someone other than the treating dentist or their staff)		
D4921	Gingival irrigation - per quadrant		
Removable Prosthodontics - as needed, subject to annual maximum			
D5110	Complete denture, maxillary	100%	50%
D5120	Complete denture, mandibular		
D5130	Immediate denture, maxillary		
D5140	Immediate denture, mandibular		
D5211	Maxillary partial denture - resin base (retentive/clasping materials, rests and teeth)		
D5212	Mandibular partial denture - resin base (including retentive/clasping materials, rests and teeth)		
D5213	Maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5214	Mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5221	Immediate maxillary partial denture - resin base (including retentive/clasping materials, rests and teeth)		



**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5222	Immediate mandibular partial denture - resin base (including any retentive/clasping materials, rests and teeth)		
D5223	Immediate maxillary partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5224	Immediate mandibular partial denture - cast metal framework with resin denture bases (including any retentive/clasping materials, rests and teeth)		
D5225	Maxillary partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5226	Mandibular partial denture - flexible base (including retentive/clasping materials, rests and teeth)		
D5227	Immediate maxillary partial denture - flexible base (including any clasps, rests, and teeth)		
D5228	Immediate mandibular partial denture - flexible base (including any clasps, rests, and teeth)		
D5282	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), maxillary		
D5283	Removable unilateral partial denture - one piece cast metal (including retentive/clasping materials, rests and teeth), mandibular		
D5284	Removable unilateral partial denture - one piece flexible base (including retentive/clasping materials, rests and teeth)- per quadrant		
D5286	Removable unilateral partial denture - one piece resin (including retentive/clasping materials, rests and teeth) - per quadrant		
D5410	Adjust complete denture - maxillary		
D5411	Adjust complete denture - mandibular		
D5421	Adjust partial denture - maxillary		
D5422	Adjust partial denture - mandibular		
D5511	Repair broken complete denture base, mandibular		
D5512	Repair broken complete denture base, maxillary		
D5520	Replace missing or broken teeth - complete denture - per tooth	100%	50%
D5611	Repair resin partial denture base, mandibular		
D5612	Repair resin partial denture base, maxillary		
D5621	Repair cast partial framework, mandibular		
D5622	Repair cast partial framework, maxillary		
D5630	Repair or replace broken retentive clasping materials - per tooth		
D5640	Replace missing or broken teeth - partial denture - per tooth		
D5650	Add tooth to existing partial denture - per tooth		
D5660	Add clasp to existing partial denture - per tooth		
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)		
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)		
D5710	Rebase complete maxillary		
D5711	Rebase complete mandibular denture		
D5720	Rebase maxillary partial denture		
D5721	Rebase mandibular partial denture		
D5725	Rebase hybrid prosthesis		
D5730	Reline complete maxillary (direct)		
D5731	Reline complete mandibular denture (direct)		
D5740	Reline maxillary partial denture (direct)		
D5741	Reline mandibular partial denture (direct)		
D5750	Reline complete maxillary denture (indirect)		
D5751	Reline complete mandibular denture (indirect)		
D5760	Reline maxillary partial denture (indirect)		



**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Removable Prosthodontics - as needed, subject to annual maximum (continued)			
D5761	Reline mandibular partial denture (indirect)	100%	50%
D5765	Soft liner for complete or partial removable denture (indirect)		
D5810	Interim complete denture (maxillary)		
D5811	Interim complete denture (mandibular)		
D5820	Interim partial denture (including retentive/clasping materials, rests, and teeth), maxillary		
D5821	Interim partial denture (including retentive/clasping materials, rests, and teeth), mandibular		
D5850	Tissue conditioning, maxillary		
D5851	Tissue conditioning, mandibular		
D5862	Precision attachment, by report		
*D5863	Overdenture - complete maxillary		
*D5864	Overdenture - partial maxillary		
*D5865	Overdenture - complete mandibular		
*D5866	Overdenture - partial mandibular		
D5867	Replacement of semi-precision or precision attachment (male or female component)		
D5876	Add metal substructure to acrylic full denture (per arch)		
Maxillofacial Prosthetics - as needed, subject to annual maximum			
D5991	Vesiculobullous disease medicament carrier	100%	50%
D5992	Adjustment maxillofacial prosthetic appliance		
D5993	Maintenance and cleaning of a maxillofacial prosthesis (extra and intraoral) other than required adjustments, by report		
D5995	Periodontal medicament carrier with peripheral seal - laboratory processed - maxillary		
D5996	Periodontal medicament carrier with peripheral seal - laboratory processed- mandibular		
Fixed Prosthodontics - as needed, subject to annual maximum			
*D6205	Pontic -indirect resin based composite	100%	50%
D6210	Pontic - indirectly fabricated high noble metal		
D6211	Pontic - indirectly fabricated predominantly base metal		
D6212	Pontic - indirectly fabricated noble metal		
D6214	Pontic - titanium or titanium alloys		
*D6240	Pontic - porcelain fused to high noble metal		
*D6241	Pontic - porcelain fused to predominantly base metal		
*D6242	Pontic - porcelain fused to noble metal		
*D6243	Pontic - porcelain fused to titanium or titanium alloys		
*D6245	Pontic - porcelain/ ceramic		
*D6250	Pontic - resin with high noble metal		
*D6251	Pontic - resin with predominantly base metal		
*D6252	Pontic - resin with noble metal		
D6253	Provisional Pontic		
D6545	Retainer - indirectly fabricated metal for resin bonded fixed prosthesis		
D6548	Retainer - porcelain/ceramic for resin bonded fixed prosthesis		
D6549	Resin retainer - for resin bonded fixed prosthesis		
D6600	Retainer inlay - porcelain/ceramic, two surfaces		
D6601	Retainer inlay - porcelain/ ceramic - three or more surfaces		
D6602	Retainer inlay - indirectly fabricated high noble metal, two surfaces		
D6603	Retainer inlay - indirectly fabricated high noble metal, three or more surfaces		
D6604	Retainer inlay - indirectly fabricated predominantly base metal, two surfaces		

**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Fixed Prosthodontics - as needed, subject to annual maximum (continued)			
D6605	Retainer inlay - indirectly fabricated predominantly base metal, three or more surfaces	100%	50%
D6606	Retainer inlay - indirectly fabricated noble metal, two surfaces		
D6607	Retainer inlay - indirectly fabricated noble metal - three or more surfaces		
D6608	Retainer onlay - porcelain/ceramic, two surfaces		
D6609	Retainer onlay porcelain/ ceramic, three or more surfaces		
D6610	Retainer onlay - indirectly fabricated high noble metal, two surfaces		
D6611	Retainer onlay - indirectly fabricated high noble metal, three or more surfaces		
D6612	Retainer onlay - indirectly fabricated predominantly base metal, two surfaces		
D6613	Retainer onlay - indirectly fabricated predominantly base metal, three or more surfaces		
D6614	Retainer onlay - indirectly fabricated noble metal, two surfaces		
D6615	Retainer onlay - indirectly fabricated noble metal, three or more surfaces		
D6624	Retainer inlay - titanium		
D6634	Retainer onlay - titanium		
*D6710	Retainer crown - indirect resin based composite		
*D6720	Retainer crown - resin fused to high noble metal		
*D6721	Retainer crown - resin with predominantly base metal		
*D6722	Retainer crown - resin with noble metal		
*D6740	Retainer crown - porcelain/ceramic		
*D6750	Retainer crown - porcelain fused to high noble metal		
*D6751	Retainer crown - porcelain fused to predominantly base metal		
*D6752	Retainer crown - porcelain fused to noble metal		
*D6753	Retainer crown - porcelain fused to titanium or titanium alloys		
D6780	Retainer crown - 3/4 - indirectly fabricated high noble metal		
D6781	Retainer crown - 3/4 - indirectly fabricated predominantly base metal		
D6782	Retainer crown - 3/4 - indirectly fabricated noble metal		
*D6783	Retainer crown - 3/4 porcelain/ceramic		
D6784	Retainer crown 3/4 - titanium and titanium alloys		
D6790	Retainer crown - full - indirectly fabricated high noble metal		
D6791	Retainer crown - full - indirectly fabricated predominantly base metal		
D6792	Retainer crown - full - indirectly fabricated noble metal		
D6793	Provisional retainer crown		
D6794	Retainer crown - titanium or titanium alloys		
D6920	Connector bar		
D6930	Recement or rebond fixed partial denture		
D6940	Stress breaker		
D6950	Precision attachment		
D6980	Fixed partial denture repair, repair necessitated by restorative material failure		
D6985	Pediatric partial denture, fixed		
Extractions - one per tooth per lifetime, subject to annual maximum			
D7111	Extraction, coronal remnants - primary tooth	100%	50%
D7140	Extraction, erupted tooth or exposed root (elevation and/ or forceps removal)		
D7210	Extraction, erupted tooth requiring elevation of bone and/or sectioning of tooth and including elevation of mucoperiosteal flap if indicated		
D7220	Removal of impacted tooth - soft tissue		
D7230	Removal of impacted tooth - partially bony		

**Essential EPO POS 100/50, Essential PPO 100/50 (continued)**

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Extractions - one per tooth per lifetime, subject to annual maximum (continued)			
D7240	Removal of impacted - completely bony	100%	50%
D7241	Removal of impacted tooth - completely bony, with unusual surgical complications		
D7250	Removal of residual tooth roots (cutting procedure)		
Oral and Maxillofacial Surgery - as needed, subject to annual maximum			
D7251	Coronectomy - intentional partial tooth removal	100%	50%
D7260	Oroantral fistula closure		
D7261	Primary closure of a sinus perforation		
D7272	Tooth re-implantation (includes re-implantation from one site to another and splinting and/or stabilization)		
D7280	Exposure of an unerupted tooth		
D7282	Mobilization of erupted or malpositioned tooth		
D7283	Placement of device to facilitate eruption of impacted tooth		
D7290	Surgical repositioning of teeth		
D7291	Transseptal fiberotomy, supracrestal fiberotomy by report		
D7292	Placement of temporary anchorage device (screw retained plate) requiring flap; includes device removal		
D7293	Placement of temporary anchorage device requiring flap; includes device removal		
D7294	Placement of temporary anchorage device without flap; includes device removal		
D7298	Removal of temporary anchorage device (screw retained plate) requiring flap		
D7299	Removal of temporary anchorage device requiring flap		
D7300	Removal of temporary anchorage device without flap		
D7310	Alveoloplasty in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7311	Alveoloplasty in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7320	Alveoloplasty not in conjunction with extractions - four or more teeth or tooth spaces per quadrant		
D7321	Alveoloplasty not in conjunction with extractions - one to three teeth or tooth spaces, per quadrant		
D7340	Vestibuloplasty - ridge extension (secondary epithelialization)		
D7350	Vestibuloplasty - ridge extension (including soft tissue grafts, muscle reattachments, revision of soft tissue attachment and management of hypertrophied and hyperplastic tissue)		
D7471	Removal of lateral exostosis		
D7472	Removal of torus palatinus		
D7473	Removal of torus mandibularis		
D7485	Reduction of osseous tuberosity		
D7921	Collection and application of autologous blood concentrate product		
D7922	Placement of intra-socket biological dressing to aid in hemostasis or clot stabilization, per site		
D7939	Indexing for osteotomy using dynamic robotic assisted or dynamic navigation		
D7953	Bone replacement graft for ridge preservation - per site		
D7956	Guided tissue regeneration, edentulous area - resorbable barrier, per site		
D7957	Guided tissue regeneration, edentulous area - non-resorbable barrier, per site		
D7961	Buccal/labial frenectomy (frenulectomy)		
D7962	Lingual frenectomy (frenulectomy)		
D7963	Frenuloplasty		
D7970	Excision of hyperplastic tissue - per arch		
D7971	Excision of pericoronal gingiva		
D7972	Surgical reduction of fibrous tuberosity		
D7979	Non - surgical sialolithotomy		
D7998	Intraoral placement of a fixation device not in conjunction with a fracture		



### Essential EPO POS 100/50, Essential PPO 100/50 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum			
D9110	Palliative (emergency) treatment of dental pain - minor procedures		
D9120	Fixed partial denture sectioning		
D9130	Temporomandibular joint dysfunction - non-invasive physical therapies		
D9210	Local anesthesia not in conjunction with operative or surgical procedures		
D9211	Regional block anesthesia		
D9212	Trigeminal division block anesthesia		
D9215	Local anesthesia in conjunction with operative or surgical procedures		
D9219	Evaluation for moderate sedation, deep sedation or general anesthesia		
D9222	Deep sedation/general anesthesia - first 15 minute increment		
D9223	Deep sedation/general anesthesia - each subsequent 15 minute increment		
D9230	Inhalation of nitrous oxide/anxiolysis, analgesia		
D9239	Intravenous moderate (conscious) sedation/analgesia - first 15 minutes		
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 minute increment		
D9248	Non-intravenous (conscious) sedation		
D9310	Consultation (diagnostic service provided by dentist or physician other than practitioner providing treatment)		
D9311	Consultation with medical health care professional		
D9410	House/extended care facility call		
D9420	Hospital or ambulatory surgical center call		
D9430	Office visit for observation (during regularly scheduled hours) - no other services performed		
D9440	Office visit - after regularly scheduled hours		
D9450	Case presentation, detailed and extensive treatment planning		
D9610	Therapeutic drug injection, by report	100%	50%
D9612	Therapeutic parenteral drugs, two or more administrations, different medications		
D9613	Infiltration of sustained release therapeutic drug - single or multiple sites		
D9630	Drugs or medicaments dispensed in the office for home use, by report		
D9910	Application of desensitizing medicaments		
D9911	Application of desensitizing resin for cervical and/or root surface, per tooth		
D9912	Pre-visit patient screening		
D9920	Behavior management, by report		
D9930	Treatment of complications (postsurgical) - unusual circumstances, by report		
D9932	Cleaning and inspection of removable complete denture, maxillary		
D9933	Cleaning and inspection of removable complete denture, mandibular		
D9934	Cleaning and inspection of removable partial denture, maxillary		
D9935	Cleaning and inspection of removable partial denture, mandibular		
D9938	Fabrication of a custom removable clear plastic temporary aesthetic appliance		
D9939	Placement of a custom removable plastic temporary aesthetic appliance		
D9941	Fabrication of athletic mouthguard		
D9942	Repair and/or reline of an occlusal guard		
D9943	Occlusal guard adjustment		
D9944	Occlusal guard - hard appliance, full arch		
D9945	Occlusal guard - soft appliance, full arch		
D9946	Oocclusal guard - hard appliance, partial arch		
D9947	Custom sleep apnea appliance fabrication and placement		
D9948	Adjustment of custom sleep apnea appliance		

## Essential EPO POS 100/50, Essential PPO 100/50 (continued)

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Adjunctive General Services - as needed, subject to annual maximum (continued)			
D9949	Repair of custom sleep apnea appliance	100%	50%
D9950	Occlusion analysis - mounted case, including all related procedures		
D9951	Occlusal adjustment - limited		
D9952	Occlusal adjustment - complete		
D9953	Reline custom sleep apnea appliance (indirect)		
D9954	Fabrication and delivery of oral appliance therapy (OAT) morning repositioning device		
D9955	Oral appliance therapy (OAT) titration visit		
D9970	Enamel microabrasion		
D9971	Odontoplasty per tooth		
D9992	Dental case management - care coordination		
D9993	Dental case management - motivational interviewing		
D9994	Dental case management - patient education to improve oral health literacy		
D9995	Teledentistry - synchronous; real-time encounter		
D9996	Teledentistry - asynchronous; information stored and forwarded to dentist for subsequent review		
D9997	Dental case management - patients with special health care needs		

\* Procedure may be subject to alternate benefits

\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna

## Limitations & Exclusions

- Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
- Dental services performed outside of the U.S. or U.S. territories are not covered.
- Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
- Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.
- Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
- Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

## Medical Necessity

The plan covers clinically appropriate dental care services that are:

- Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
- Not primarily for the convenience of the patient, dentist, or other health care provider
- Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
- In accordance with generally accepted standards of dental practice.





**Essential EPO POS 100/50, Essential PPO 100/50** (continued)**Alternate Benefits**

Sometimes there may be more than one clinically appropriate treatment option available to treat a dental problem that can provide acceptable results. It is recommended that all applicable options be reviewed with the member. If the higher cost covered service is completed, the plan will reimburse/pay at the rate set for the lower cost covered service and the member is responsible for the difference.

**Pretreatment Estimates**

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### Preventive Only EPO Mandatory

This Aetna Dental Medicare plan offers in network coverage for preventive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- No annual maximum
- Frequency limitations may apply
- No out of network benefits available

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network
CDT Code	Description	
Exams - two procedures per calendar year		
D0120	Periodic oral evaluation - established patient	100%
D0150	Comprehensive oral evaluation - new or established patient	
Exams - two procedures per calendar year		
D0140	Limited oral evaluation - problem focused	100%
D0180	Comprehensive periodontal evaluation - new or established patient	
Bitewing X-ray - one procedure per calendar year		
D0270	Bitewings-single radiographic images	100%
D0272	Bitewings-two radiographic images	
D0273	Bitewings-three radiographic images	
D0274	Bitewings-four radiographic images	
D0373	Intraoral tomosynthesis - bitewing radiographic image	
Cleaning - two procedures per calendar year		
D1110	Prophylaxis-adult	100%

### Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
2. Dental services performed outside of the U.S. or U.S. territories are not covered.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
4. Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.



## Preventive Only EPO Mandatory (continued)

### Limitations & Exclusions (continued)

5. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
6. Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

### Medical Necessity

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.

## Aetna Medicare Advantage



### Preventive Only PPO Mandatory

This Aetna Dental® Medicare plan offers both in- and out-of-network preventive only coverage.

For this plan:

- Preventive services performed by an in network provider are covered at 100%
- Preventive services performed by an out of network provider are covered at 50%
- No annual maximum
- Frequency limitations may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Exams - two procedures per calendar year			
D0120	Periodic oral evaluation - established patient	100%	50%
D0150	Comprehensive oral evaluation - new or established patient		
Exams - two procedures per calendar year			
D0140	Limited oral evaluation - problem focused	100%	50%
D0180	Comprehensive periodontal evaluation - new or established patient		
Bitewing X-ray - one procedure per calendar year			
D0270	Bitewings-single radiographic images	100%	50%
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
Cleaning - two procedures per calendar year			
D1110	Prophylaxis-adult	100%	50%

**\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna**

### Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
2. Dental services performed outside of the U.S. or U.S. territories are not covered.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
4. Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.



## Preventive Only PPO Mandatory (continued)

### Limitations & Exclusions (continued)

5. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
6. Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.
5. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
6. Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

### Medical Necessity

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.



## Aetna Medicare Advantage



### Preventive Only 0% OON EPO POS Mandatory

This Aetna Dental Medicare plan offers in and out of network coverage for preventive services.

For this plan:

- Covered services performed by in-network Providers are reimbursed at 100%
- Covered services performed by out of network Provider are reimbursed at 100%
- No annual maximum
- Frequency limitations may apply

**Note:** Please call the National Dental Provider services team at **1-800-624-0756** to confirm member eligibility and remaining annual maximum.

Procedure Codes not listed in the plan coverage details table below are not covered under this plan.

Plan Coverage Details:		In Network	**Out of Network
CDT Code	Description		
Exams - two procedures per calendar year			
D0120	Periodic oral evaluation - established patient	100%	100%
D0150	Comprehensive oral evaluation - new or established patient		
Exams - two procedures per calendar year			
D0140	Limited oral evaluation - problem focused	100%	100%
D0180	Comprehensive periodontal evaluation - new or established patient		
Bitewing X-ray - one procedure per calendar year			
D0270	Bitewings-single radiographic images	100%	100%
D0272	Bitewings-two radiographic images		
D0273	Bitewings-three radiographic images		
D0274	Bitewings-four radiographic images		
D0373	Intraoral tomosynthesis - bitewing radiographic image		
Cleaning - two procedures per calendar year			
D1110	Prophylaxis-adult	100%	100%

**\*\* Members may be billed by the out of network provider for any amount greater than the payment made by Aetna**

### Limitations & Exclusions

1. Coverage is limited to the services and service frequencies listed in the Plan Coverage Details. If a service is not listed, it is not covered.
2. Dental services performed outside of the U.S. or U.S. territories are not covered.
3. Fees related to missed appointments, preparing or copying dental reports, duplication of x-rays, itemized bills or claim forms are not covered.
4. Treatment for injuries or conditions covered by Workers' Compensation or employer liability laws, and treatment provided without cost to the member by any municipality, county, or other political subdivision is not covered.



## Preventive Only 0% OON EPO POS Mandatory (continued)

### Limitations & Exclusions (continued)

5. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
6. Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.
5. Treatment as a result of civil insurrection, duty as a member of the armed forces of any state or country, engaging in an act of declared or undeclared war, intentional or unintentional nuclear explosion or other release of nuclear energy, whether in peacetime or wartime, is not covered.
6. Any treatment covered under an individual or group medical plan, auto insurance, no-fault auto insurance or uninsured motorist policy, to the extent permitted by federal or state statute, is not covered.

### Medical Necessity

The plan covers clinically appropriate dental care services that are:

1. Clinically appropriate, in terms of type, frequency, extent, site and duration, and considered effective for the patient's illness, injury or disease
2. Not primarily for the convenience of the patient, dentist, or other health care provider
3. Not more costly than an alternative service or sequence of services at least as likely to produce the same benefit or diagnostic results for the diagnosis or treatment of that patient's illness, injury or disease
4. In accordance with generally accepted standards of dental practice.

### Pretreatment Estimates

The purpose of a pretreatment estimate is to provide an estimate, in advance, of what we may reimburse for proposed treatment. The estimate is not a guarantee of coverage and/or reimbursement. While not required, an estimate is recommended whenever proposed dental treatment totals \$350 more.

